

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N2-20-16
Baltimore, Maryland 21244-1850



Office of Strategic Operations and Regulatory Affairs/Freedom of Information Group

Refer to: Control Number 101620187075 and PIN Z7RV

RE: 18-cv-3010-TNM

June 11, 2019

Alantris Muhammad
Service Employees International Union
1800 Massachusetts Avenue, NW
Washington, DC 20036

Dear Ms. Muhammad:

This letter is the second interim response to your Freedom of Information Act (5 U.S.C. § 552) request of 10/12/2018, which you sent to the Centers for Medicare & Medicaid Services. Within your correspondence, you requested access to the following records:

1. All records reflecting communications (including emails, email attachments, text messages, Slack messages, encrypted messages, telephone call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any responsive communications, summaries of any responsive communications, or other materials) between: (a) Seema Verma, (b) Tim Hill, (c) Kristin Fan, (d) Janel Freeze, (e) Jeremy Silanskis, (f) Christopher Thompson; and any of the following entities or individuals:

- Freedom Foundation:
 - Including Maxford Nelsen, or
 - Individuals using emails ending in @freedomfoundation.com
- National Right to Work Legal Defense Foundation
 - William L. Messenger, or
 - Individual using emails ending in @nrlw.org
- State Policy Network
 - Including F. Vincent Vernuccio, Jennifer Butler, Jeremy Lott, or
 - Individuals using emails ending in @spn.org
- Illinois Policy Institute
 - Including Kristina Rasmussen, or
 - Individuals using emails ending in @illinoispolicy.org
- Mackinac Center for Public Policy

- Including Michael Reitz, or
 - Individuals using emails ending in @mackinac.org
- Capital Research Center
 - Including individuals using emails ending in @capitalresearch.org
- Free State Foundation
 - Including individuals using emails ending in @freestatefoundation.org
- Maciver Institute
 - Including individuals using emails ending in @maciverinstitute.com
- (Center of the) American Experiment
 - Including Kim Crockett, or
 - Individuals using emails ending in @americanexperimentl.org
- Office of Gov. Bruce Rauner
 - Including individuals using emails ending in @illinois.gov
- Rep. Cathy McMorris Rodgers or staff working for Rep. McMorris Rodgers
- Sen. Ron Johnson or staff working for Senator Johnson's personal office or on the Homeland Security and Government Affairs Committee.
- Mitchell Law PLLC or Jonathan F. Mitchell

2. All records reflecting communications (including emails, email attachments, text messages, slack messages, encrypted messages, telephone call logs, calendar invitations/entries, meeting notices, meeting agendas, informational material, draft legislation, talking points, any handwritten or electronic notes taken during any responsive communications, summaries of all responsive communications, or other materials) to, from, or copying (a) Seema Verma, (b) Tim Hill, (c) Kristen Fall, (d) Janel Freeze, (e) Jeremy Silanskis, or (f) Christopher Thompson; that contain any of the following terms:

- SEIU
- 775
- skim
- Dues
- * Protect providers*
- Harris v. Quinn
- Harris v. Quinn
- Janus
- "Union dues"
- "Home care dues"
- "Dues guidance"
- "Dues rule"
- Reassignment
- "Home care workers"
- Pam Harris
- Steven Glossip
- Rob Haynes
- Pat Haynes

- Catherine Hunter
- Jennifer Parrish
- Brad Boardman
- Rosella Home
- Sandra LaCelle
- Ben Olsen
- Tammy Olsen
- Mary Jane Olson
- Michelle Peterson
- Miranda Thorpe

After careful review of the documents submitted to me and processed for this second interim response, a total of 1,750 pages, I have determined to release them to you, as enclosed. Eight hundred and eleven (811) pages are released to you in their entirety. However, I am denying you access to portions of 360 pages pursuant to Exemptions 5 and/or 6 of the FOIA (5 U.S.C. §§ 552(b)(5) and/or (6)). Finally, an additional 579 pages are denied in full pursuant to Exemption 5 of the FOIA (5 U.S.C. § 552(b)(5)).

Exemption 5 of the FOIA permits the withholding of inter-agency or intra-agency memorandums or letters that would not be available by law to a party in litigation with the agency.

Exemption 6 of the FOIA permits a Federal agency to withhold information contained in personnel and medical files and similar files the disclosure of which would “constitute a clearly unwarranted invasion of personal privacy.” I have weighed the public interest in disclosure (which the Supreme Court has held to be limited in this context to the public interest that would be served by shedding light in the agency’s performance of its statutory duties) against the harm to the privacy of the individuals identified in these records and have concluded that the privacy interest of the subject individuals outweighs the public interest in disclosure in this particular matter.

Sincerely yours,



Hugh Gilmore
Director

Freedom of Information Group

Enclosure

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From: [Fan, Kristin A. \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#)
Cc: [Boston, Beverly A. \(CMS/CMCS\)](#)
Subject: FW: EOP Passback: Medicaid Provider Payment Reassignment NPRM
Date: Tuesday, June 19, 2018 8:22:45 AM
Attachments: [CMS-2413-P Master \(06-14-19\) 06182018 passback.docx](#)
Importance: High

I don't really have any comments – and think we should just accept the changes and move it along. Thanks for all of the work on this.

From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, June 18, 2018 5:51 PM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: EOP Passback: Medicaid Provider Payment Reassignment NPRM
Importance: High

EOP's passback is attached.

DPC and NEC are eager for this rule to publish, and so they've asked for feedback by COB tomorrow on whether we need to have a call to resolve any final issues. [After your review](#), please let me know [by](#) tomorrow [if you](#) think the EOP revisions are agreeable. OGC has until COB tomorrow to submit their comments on the draft currently in clearance.

DOJ did not have any comments on this version.

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From: [Brewer, Annette M. \(CMS/OSORA\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#); [Brooks, Gaysha M. \(CMS/OSORA\)](#)
Subject: FW: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS 2413-P)—ADVANCE REGULATION
Date: Wednesday, April 18, 2018 11:04:49 AM
Attachments: [CMS-2413-P Master \(03-23-18\) ASL Comments \(002\).docx](#)

Sorry, forgot to add these late ASL comments to my previous email.

Annette M. Brewer 



410-786-6580 /

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ADS on Mondays

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Mack, Rosa \(CMS/CMCS\)](#)
Subject: FW: OGC Comments : Medicaid Provider Payment Reassignment NPRM
Date: Wednesday, June 20, 2018 3:39:00 PM
Attachments: [CMS-2413-P Master \(06202018\) EOP- OGC passback - Clean Copy.docx](#)
[RevisedFact SheetandQandAs11142013.docx](#)
Importance: High

Hi Rosa,

Attached is the NPRM and a fact sheet that was drafted when we implemented the regulation that we are now rescinding. Below are a few bullet points:

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Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28

Baltimore, MD 21244

Phone: (410)786-4044

Mobile: (b)(6)

Fax: (410) 786-8533

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From: Thompson, Christopher C. (CMS/CMCS)

Sent: Wednesday, June 20, 2018 2:12 PM

To: Lynch, Calder (CMS/OA) <calder.lynch@cms.hhs.gov>

Cc: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>

Subject: FW: OGC Comments : Medicaid Provider Payment Reassignment NPRM

Importance: High

Good Afternoon Calder,

(b)(5)

Please advise as far as next steps.

Thank you,

Chris Thompson

Deputy Division Director

Division of Reimbursement & State Financing

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28

Baltimore, MD 21244

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From: Barco, Evell J. (CMS/OSORA)

Sent: Wednesday, June 20, 2018 10:10 AM

To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>

Subject: OGC Comments : Medicaid Provider Payment Reassignment NPRM

Importance: High

OGC Comments are attached.

A note from OS/ES regarding the EOP comments:

I heard back from Kelly; she is booked solid again today.

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Barco, Evell J. \(CMS/OSORA\)](#)
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F
Date: Monday, December 10, 2018 11:59:00 AM
Attachments: [Appendix A -PRR comment summary.docx](#)
[Appendix B -PRR Comment and Responses.docx](#)

Sure, here is both the revised Attachment B and Attachment A

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, December 10, 2018 11:51 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi

Would you please send both attachments to ensure I forward the correct ones?

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, December 10, 2018 11:40 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi Evell,

Attached is a revised Attachment B.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, December 10, 2018 10:17 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Ok.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, December 10, 2018 10:13 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi Evell,

I would like to send forth Attachment A and B. I need to revise Attachment B and I will send you a revised Attachment B within the next hour.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

***INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:** This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.*

From: Barco, Evell J. (CMS/OSORA)
Sent: Saturday, December 8, 2018 8:14 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Cc: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: FW: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi,

I moved the HHS briefing paper you sent to OS/ES on Friday. Is that the only paper that we intend to use? I received these additional attachments in Nov but didn't re-send them to HHS because I couldn't be certain that no changes were necessary.

From: Barco, Evell J. (CMS/OSORA)
Sent: Thursday, December 6, 2018 10:48 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Harshman, Sara (CMS/CMCS) <Sara.Harshman@cms.hhs.gov>
Cc: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>
Subject: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Good morning,

This rule was submitted to HHS for clearance this morning with comments due Thurs, Dec 13. The Dept is requesting a briefing Monday afternoon on Dec 10.

1. Please confirm your availability for the briefing.
2. Please determine if any changes are necessary to the briefing material you submitted in early Nov.
3. Identify the presenter(s).

Thanks.

Appendix A - Comment Summary

Provider Reassignment Regulation (CMS-2413-F)

Total Comment = 7,182

Unique Commenters = 2,261

Comments Analyzed = 7,166

Out of Scope Comments = 16

States = 14 (Including the counties of Alameda and Santa Clara, CA)

Individuals = 6,910 (Including providers)

Organizations = 158 (Including Provider Advocacy Groups)

Political Comments = 26 (Both State and Federal Representatives)

Unions = 58 (Primarily SEIU and AFSCME)

Major Themes:

In Support of the proposed rule:

- *Many commenters highlighted the union dues skimming aspect of the proposed rule.*
- *Several commenters referenced recently signed legislation in both Minnesota and Washington that would automatically make home care providers union members.*

In opposition of the proposed rule:

- *One commenter suggested making all provider reassignments voluntary.*
- *Several commenters indicated that implementation of this proposed rule would negatively impact access to and quality of home care services.*
- *Several commenters highlighted the fact the CMS did not have enough data to determine the economic significance associated with rescinding 42 CFR 447.10(g)(4), yet the Agency chose a 30 day comment period. There were no comments that provided specific detail/analysis regarding the economic significance of this rule.*
- *Several commenters suggested implementation of this proposed rule runs counter to state flexibility.*

Write-in Campaigns – California, Washington, Florida

Individuals overwhelmingly opposed the proposed rule. These form letters cite CMS's overreach of authority designed to attack home care workers and their freedom to spend their wages as they choose.

Appendix A - Comment Summary

Provider Reassignment Regulation (CMS-2413-F)

Congressional Comments:

- Senators Ron Johnson (WI) and Rep. Matt Dean of the Minnesota House of Representatives provided comments in support of the proposed rule.
- All other comments from Congress were in opposition of the rule. The reasons for opposition include:
 - *The use a 30 day comment period*
 - *The lack of any meaningful or quantitative analysis of the costs associated with this rule.*
 - *The potential negative impact on access to and quality of home and community- based services.*

State-submitted comments:

Analysis yielded comments from the following states:

California:

Comments were received from the CA Dept. of Social Services, CA Office of the Attorney General, and the CA State Controller's Office.

The CA Dept. of Social Services believes the rule will unnecessarily increase the amount of administrative burden and cost on consumers, providers, and the health care delivery system.

Pennsylvania:

The PA Dept. of the Auditor General questions the validity of the \$8 million amount that factored into the calculation of the economic significance of \$0 – \$160 million. The Auditor also noted that PA does not require mandated deductions of union dues.

New York:

The New York City Department of Consumer Affairs indicated that the proposed rule would undermine the financial and employment security of thousands of home care workers and would negatively impact access to services.

Massachusetts:

The Massachusetts State Medicaid Agency requested CMS to clarify that the proposed rule would not affect a state's authority to perform or secure Financial Management Services in connection with a state plan-based program.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Below is a sample of the comments and responses contained with the preamble for CMS-2413F:

1. Statutory Authority

Comment: Several commenters stated CMS provided no other explanation to support the concern that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute at section 1902(a)(32) of the Act.

Response: Commenters are correct that we were concerned that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute. In our preamble, we referenced the agency's longstanding position, which was also expressed in the preamble to the January 16, 2014 final rule (79 FR 2947, 3001), that, "the statute does not expressly provide for additional exceptions to the direct payment principle, and we believe the circumstances at issue were not contemplated under the statute." As discussed in our prior rulemaking published on January 16, 2014 (79 FR 2947, 3001), section 1902(a)(32) of the Act provides for a number of exceptions to the direct payment requirement, but the language does not explicitly authorize the agency to create new exceptions. Working from these premises, we reviewed the statute at section 1902(a)(32) of the Act and were unable to determine that any of the exceptions contained therein provided authority for the exception at §447.10(g)(4). In other words, we concluded that the exception at §447.10(g)(4) was a creation of a new exception by the agency beyond what the statute allows. Therefore, we have removed the provision at §447.10(g)(4) due to the lack of authority to implement new exceptions to section 1902(a)(32) of the Act.

Comment: We received one comment that recommended a new regulation to focus on payments to employees of beneficiaries. Specifically, the commenter suggested that a regulation should indicate that payments to individual practitioners who are employed, in whole or in part, by a beneficiary can be assigned only to a government agency or entity or by court order

Response: This comment is outside of the scope of this rule, however, we will take into consideration whether a regulation or further subregulatory guidance is needed to further clarify this issue.

2. Negative Impact to Stakeholders

Comment: Many commenters stated that removal of §447.10(g)(4) would result in a loss or disruption of benefits for home care workers, specifically health insurance coverage, and may lead to increases in uncompensated care costs and/or Medicaid enrollment, which may create downstream negative impacts. Commenters expressed concern that the proposed rule would prohibit automatic paycheck deductions and that Congress did not intend to affect healthcare deductions and deductions for voluntary union dues with the anti-reassignment provisions in statute. Several commenters stated that, as a result of this rule, home health workers will lose health insurance coverage.

Response: We are removing the paragraph due to the lack of statutory authority to implement additional exceptions to section 1902(a)(32) of the Act. Generally within the Medicaid program, states have the flexibility to implement measures in response to potential harm to stakeholders.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Additionally, individual practitioners can voluntarily purchase or contribute to the items previously allowed under paragraph (g)(4) through transactions separate from their Medicaid reimbursement.

We also note there is a distinction between voluntary deductions and payment reassignment. Section 447.10(g)(4) pertained to the class of practitioners for which the Medicaid program is the primary source of service revenues, such as home health workers, who are not employees of the state. As non-employees, such practitioners do not receive salaries, and therefore, are ineligible for payroll deductions. Instead, they are the recipients of Medicaid reimbursement. Certain reassignments are permitted under §447.10(g)(1) through (3); however, the reassignment of reimbursement to third parties for items such as health insurance, skills training, and other benefits customary for employees are not.

Comment: Several commenters opposed the proposed rule and mentioned that eliminating the automatic payment of retirement or health care premiums from a provider's pay could cause a financial hardship if they had to purchase those benefits separately and not collectively through their employment.

Response: We removed §447.10(g)(4) due to the lack of statutory authority to implement new exceptions to section 1902(a)(32) of the Act. To the extent allowed by State and Federal laws, states may be able to continue to allow individual practitioners to receive healthcare coverage or retirement from or through the state; however, as a result of the removal of §447.10(g)(4), the individual must purchase or contribute to the health insurance coverage or retirement through transactions separate from their reimbursement. It should also be noted that due to recently issued rulemaking by the Department of Labor, individual practitioners may have new opportunities to purchase health insurance coverage through collective Association Health Plans.

3. Reassignment of Union Dues

Comment: A large number of commenters, both in opposition and support of the proposed rule, mentioned unions and/or union dues, and some commenters mentioned the benefits workers receive from union membership. Other commenters indicated that there are existing state laws surrounding union membership.

Response: While the removal of §447.10(g)(4) eliminates a state's ability to reassign provider reimbursement for items such as union dues, we are removing §447.10(g)(4) due to the lack of statutory authority to implement additional exceptions to section 1902(a)(32) of the Act. In regard to the benefits workers may receive from union membership, it should be noted that individual practitioners can purchase or contribute to the items referenced under paragraph (g)(4) through transactions separate from their Medicaid reimbursement. In regard to existing state laws surrounding union membership, if state law(s) and/or regulation(s) conflict with §447.10 after the removal of paragraph (g)(4), the state Medicaid agency will need to take corrective action to comply with current federal statute and regulations. CMS is available to answer any questions states may have or to provide additional technical assistance to states.

Comment: Several commenters discussed state measures to privatize providers or make providers state employees in order to reassign portions of the provider's reimbursement.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Response: As this comment is not directly applicable to the removal §447.10(g)(4), the comment has been determined to be out of scope. However, we note the regulatory text at §447.10(g)(4) was specifically applicable to Medicaid enrolled individual practitioners who provided services on a contractual basis.

4. Economic Impact

Comment: Several commenters indicated this rule would result in a significant economic impact.

Response: In the preamble to the proposed rule, we estimated the economic significance of this rule to range from \$0-160 million. While we received comments that provided estimates of the potential impact of this rule, those estimates were not supported by any substantive documentation and/or analysis. Additionally, we have not identified any sources of analysis regarding the regulation's full impact.

Comment: One commenter urged CMS to conduct and publish an analysis of the issues pertaining to reassignment before finalizing this rule.

Response: As mentioned in the preamble to the proposed rule, we did not formally track the amount of reimbursement that was being reassigned to third parties by states. It should be noted that one state submitted a state plan amendment as a direct result of §447.10(g)(4). In the preamble to the proposed rule, we estimated that the financial impact of removing §447.10(g)(4) could range from \$0-160 million. We also urged stakeholders to provide comment and analysis with regard to the economic significance of this rule during the comment period. While we received comments that provided estimates of the potential impact of this rule, those estimates were not supported by any substantive analysis.

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Barco, Evell J. \(CMS/OSORA\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F
Date: Monday, December 10, 2018 11:40:00 AM
Attachments: [Appendix B -PRR Comment and Responses.docx](#)

Hi Evell,

Attached is a revised Attachment B.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
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From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, December 10, 2018 10:17 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Ok.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, December 10, 2018 10:13 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi Evell,

I would like to send forth Attachment A and B. I need to revise Attachment B and I will send you a revised Attachment B within the next hour.

Thank you,

Chris Thompson
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Division of Reimbursement & State Financing
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Subject: FW: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

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Cc: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>
Subject: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

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1. Please confirm your availability for the briefing.
2. Please determine if any changes are necessary to the briefing material you submitted in early Nov.
3. Identify the presenter(s).

Thanks.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Below is a sample of the comments and responses contained with the preamble for CMS-2413F:

1. Statutory Authority

Comment: Several commenters stated CMS provided no other explanation to support the concern that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute at section 1902(a)(32) of the Act.

Response: Commenters are correct that we were concerned that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute. In our preamble, we referenced the agency's longstanding position, which was also expressed in the preamble to the January 16, 2014 final rule (79 FR 2947, 3001), that, "the statute does not expressly provide for additional exceptions to the direct payment principle, and we believe the circumstances at issue were not contemplated under the statute." As discussed in our prior rulemaking published on January 16, 2014 (79 FR 2947, 3001), section 1902(a)(32) of the Act provides for a number of exceptions to the direct payment requirement, but the language does not explicitly authorize the agency to create new exceptions. Working from these premises, we reviewed the statute at section 1902(a)(32) of the Act and were unable to determine that any of the exceptions contained therein provided authority for the exception at §447.10(g)(4). In other words, we concluded that the exception at §447.10(g)(4) was a creation of a new exception by the agency beyond what the statute allows. Therefore, we have removed the provision at §447.10(g)(4) due to the lack of authority to implement new exceptions to section 1902(a)(32) of the Act.

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Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

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Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Brewer, Annette M. \(CMS/OSORA\)](#); [Lafferty, Tiffany R. \(CMS/OSORA\)](#); [Hubbard, Lisa A. \(CMS/OSORA\)](#)
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Date: Wednesday, November 21, 2018 8:15:00 AM
Attachments: [RE CMS-2413-F Medicaid Program; Reassignment of Medicaid Provider Claims.msg](#)

Good Morning Cynthia,

I am attaching a note that OGC sent to OSORA yesterday. (b)(5)
(b)(5) and while we initially anticipated putting the rule back into clearance today, we are now hoping to put it back into clearance early next week.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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From: Lambert-Lawson, Cynthia (CMS/OSORA)
Sent: Wednesday, November 21, 2018 7:29 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning Chris,
To update management, what is the ETA in receiving the revised draft for CMS-2413-F ?

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, November 19, 2018 12:42 PM

To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

Thank you and yes were on still on schedule with regard to 11/21 submission date.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Monday, November 19, 2018 11:45 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program;

Reassignment of Medicaid Provider Claims (CMS-2413-F)

(b)(5)

Are you still on schedule to send the revisions on 11/21.

From: Thompson, Christopher C. (CMS/CMCS)

Sent: Monday, November 19, 2018 11:40 AM

To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>

Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

(b)(5)

Thank you,

Chris Thompson

Deputy Division Director

Division of Reimbursement & State Financing

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28

Baltimore, MD 21244

Phone: (410)786-4044

Mobile: (b)(6)

Fax: (410) 786-8533

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From: Brooks, Gaysha M. (CMS/OSORA)

Sent: Tuesday, November 13, 2018 10:11 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning,

Please provide us with an update on when the revised draft will be sent.

Thanks

From: Brooks, Gaysha M. (CMS/OSORA)

Sent: Friday, November 9, 2018 11:44 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Chris,

Now that CMS clearance is complete, please let us know when the revised draft will be sent.

Thanks

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 9, 2018 11:17 AM

To: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program;

Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good morning,

Please see attached for OGC's comment on the draft Medicaid Provider Payment Reassignment NPRM.

Please let us know if you have questions and whether you would like to have a call to discuss our comments.

Thank you,

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Brewer, Annette M. (CMS/OSORA)
Sent: Tuesday, November 6, 2018 11:18 AM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Importance: High

Hi Caroline,
Any updates on when we can expect OGC comments? With the rule scheduled for publication this month, we really need to revise the rule based on CMS comments and move to HHS asap. Any help would be appreciated.
Thanks,

Annette M. Brewer 

 410-786-6580 /  (b)(6) | **ADS on Mondays**

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 2, 2018 3:26 PM

To: CMS Coordination_Regs_OSORA <Coordination_Regs_OSORA@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

OGC is still working on this review and should be able to provide comments next week. Please check in early next week if you want a more specific update.

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: CMS Coordination_Regs_OSORA

Sent: Friday, November 2, 2018 2:35 PM

To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: FW: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Note to OGC: Clearance for CMS-2413-F was due on Tuesday, October 30, 2018. We are still pending clearance/comments from OGC. Please provide us with an update as soon as possible.

Thanks

From: CMS Coordination_Regs_OSORA

Sent: Wednesday, October 31, 2018 9:53 AM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Good Morning,

This is a friendly reminder that the clearance for CMS-2413-F are now overdue. Clearances were due October 30, 2018. Thank you.

From: CMS Coordination_Regs_OSORA

Sent: Tuesday, October 23, 2018 5:06 PM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

CMS-2413-F: Medicaid Program; Reassignment of Medicaid Provider Claims

Clearance is requested by 5 p.m., Tuesday, October 30, 2018.

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(b)(5)

If you have any questions regarding submission of clearances and comments, you may contact **Cynthia Lambert-Lawson (x6-1366)**. Please call **Chris Thompson (X6-4044) for policy related questions.**

This final rule is scheduled for publication on November 30, 2018. Therefore, it is important that we receive all clearances timely. Thank you, in advance, for your prompt response.

Olin, Jay K. (CMS/OSORA)

From: Farrell, Caroline (HHS/OGC)
Sent: Tuesday, November 20, 2018 1:42 PM
To: Brooks, Gaysha M. (CMS/OSORA)
Cc: Popp, Dawn (HHS/OGC); Fisher, Barbara (HHS/OGC); Thompson, Christopher C. (CMS/CMCS)
Subject: RE: CMS-2413-F Medicaid Program; Reassignment of Medicaid Provider Claims

(b)(5)

Please let me know if you want to discuss more.

Thanks,
Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Tuesday, November 20, 2018 11:54 AM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>
Cc: Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Subject: CMS-2413-F Medicaid Program; Reassignment of Medicaid Provider Claims

Hi Caroline,

(b)(5)

Thanks,
Gaysha

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Brooks, Gaysha M. \(CMS/OSORA\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#); [Brewer, Annette M. \(CMS/OSORA\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Lafferty, Tiffany R. \(CMS/OSORA\)](#); [Hubbard, Lisa A. \(CMS/OSORA\)](#); [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#)
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Date: Tuesday, December 4, 2018 4:47:00 PM
Attachments: [CMS-2413-F Consolidated comments - Clean.docx](#)

Hi Gaysha,

Attached is the revised rule.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Monday, December 3, 2018 11:16 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning,

We are following up on the status of CMS-2413-F. Please let us know when revisions are expected.

Thanks

From: Boston, Beverly A. (CMS/CMCS)
Sent: Friday, November 30, 2018 4:39 PM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha and Tiffany,

Chris will respond on the status, but in the interim, can you tell me what is new December publication date we're working toward? I need to update other trackers with this information.

Thanks

Beverly

From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Friday, November 30, 2018 1:45 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Chris,

Please provide us with an update for CMS-2413-F.

Thanks

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Tuesday, November 27, 2018 4:43 PM
To: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Annette,

We are hoping to have the legal issues resolved and the revisions wrapped up by the end of the week at the latest.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brewer, Annette M. (CMS/OSORA)
Sent: Tuesday, November 27, 2018 7:29 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good morning,
Any updates on the timing of the revisions?

Annette M. Brewer 

 410-786-6580 / (b)(6) **ADS on Mondays**

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, November 21, 2018 8:15 AM
To: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning Cynthia,

I am attaching a note that OGC sent to OSORA yesterday. We are current working through some significant legal issues and while we initially anticipated putting the rule back into clearance today, we are now hoping to put it back into clearance early next week.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Lambert-Lawson, Cynthia (CMS/OSORA)
Sent: Wednesday, November 21, 2018 7:29 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning Chris,
To update management, what is the ETA in receiving the revised draft for CMS-2413-F ?

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, November 19, 2018 12:42 PM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>

Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

Thank you and yes were on still on schedule with regard to 11/21 submission date.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Monday, November 19, 2018 11:45 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

(b)(5)

Are you still on schedule to send the revisions on 11/21.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, November 19, 2018 11:40 AM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Tuesday, November 13, 2018 10:11 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis,

Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning,

Please provide us with an update on when the revised draft will be sent.

Thanks

From: Brooks, Gaysha M. (CMS/OSORA)

Sent: Friday, November 9, 2018 11:44 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Chris,

Now that CMS clearance is complete, please let us know when the revised draft will be sent.

Thanks

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 9, 2018 11:17 AM

To: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good morning,

Please see attached for OGC's comment on the draft Medicaid Provider Payment Reassignment NPRM.

Please let us know if you have questions and whether you would like to have a call to discuss our comments.

Thank you,



Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Brewer, Annette M. (CMS/OSORA)
Sent: Tuesday, November 6, 2018 11:18 AM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Importance: High

Hi Caroline,
Any updates on when we can expect OGC comments? With the rule scheduled for publication this month, we really need to revise the rule based on CMS comments and move to HHS asap. Any help would be appreciated.
Thanks,

Annette M. Brewer 

 410-786-6580 /  (b)(6) | **ADS on Mondays**

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 2, 2018 3:26 PM

To: CMS Coordination_Regs_OSORA <Coordination_Regs_OSORA@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

OGC is still working on this review and should be able to provide comments next week. Please check in early next week if you want a more specific update.

Caroline L. Farrell

Attorney

Office of the General Counsel, CMS Division

United States Department of Health and Human Services

(202) 708 - 9735

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From: CMS Coordination_Regs_OSORA

Sent: Friday, November 2, 2018 2:35 PM

To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: FW: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Note to OGC: Clearance for CMS-2413-F was due on Tuesday, October 30, 2018. We are still pending clearance/comments from OGC. Please provide us with an update as soon as possible.

Thanks

From: CMS Coordination_Regs_OSORA

Sent: Wednesday, October 31, 2018 9:53 AM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Good Morning,

This is a friendly reminder that the clearance for CMS-2413-F are now overdue. Clearances were due October 30, 2018. Thank you.

From: CMS Coordination_Regs_OSORA

Sent: Tuesday, October 23, 2018 5:06 PM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

CMS-2413-F: Medicaid Program; Reassignment of Medicaid Provider Claims

Clearance is requested by 5 p.m., Tuesday, October 30, 2018.

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If you have any questions regarding submission of clearances and comments, you may contact Cynthia Lambert-Lawson (x6-1366). Please call **Chris Thompson (X6-4044) for policy related questions.**

This final rule is scheduled for publication on November 30, 2018. Therefore, it is important that we receive all clearances timely. Thank you, in advance, for your prompt response.

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From: [Farrell, Caroline \(HHS/OGC\)](#)
To: [Barco, Evell J. \(CMS/OSORA\)](#); [Thompson, Christopher C. \(CMS/CMCS\)](#)
Cc: [Popp, Dawn \(HHS/OGC\)](#)
Subject: RE: OGC Comments : Medicaid Provider Payment Reassignment NPRM
Date: Wednesday, June 20, 2018 10:15:00 AM
Attachments: [00394120 OGC NOTE 20180619 18-15771.pdf](#)
[00394120 CMS-2413-P Master OGC MARKUP 20180619 18-15771.docx](#)
Importance: High

Good morning,

If CMS schedules a call on this rule, please include Dawn Popp, as I will be on leave for the next week and a half until COB on 6/29. Please include Dawn on all other correspondence about the rule during this time period as well.

Thank you,

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Barco, Evell J. (CMS/OSORA)
Sent: Wednesday, June 20, 2018 10:10 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: OGC Comments : Medicaid Provider Payment Reassignment NPRM

Importance: High

OGC Comments are attached.

A note from OS/ES regarding the EOP comments:

I heard back from Kelly; she is booked solid again today.

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Brooks, Gaysha M. \(CMS/OSORA\)](#); [Brewer, Annette M. \(CMS/OSORA\)](#); [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#)
Cc: [Barco, Evell J. \(CMS/OSORA\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Bryman, Mitch \(CMS/OSORA\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#); [Farrell, Caroline \(HHS/OGC\)](#); [Fultz-Mimms, Trenesha N. \(CMS/OSORA\)](#); [Laib, Eric C. \(CMS/OSORA\)](#); [Brown, Sharon J. \(CMS/CMCS\)](#)
Subject: RE: OMB Passback - Reassignment of Medicaid Provider Claims (CMS 2413-P)--CLEARANCE REQUEST
Date: Tuesday, June 26, 2018 5:01:00 PM
Attachments: [CMS-2413-P Master \(6-26-18\) Clean Copy.docx](#)
[CMS-2413-P Master \(6-26-18\) passback.docx](#)

Hi Annette, Gaysha, and Cynthia,

I am perfectly okay with the minor edits made by OMB. Attached is a pass back with all of OMB edits accepted. Evell requested that this iteration of the proposed be transmitted to Kelly Cleary. I will defer to you all as far as coordination to make certain Kelly Cleary is able to review this iteration of the proposed rule.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Barco, Evell J. (CMS/OSORA)
Sent: Tuesday, June 26, 2018 4:32 PM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS)

<Christopher.Thompson@cms.hhs.gov>

Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>

Subject: OMB Passback - Reassignment of Medicaid Provider Claims (CMS 2413-P)--CLEARANCE REQUEST

Importance: High

Hi,

OMB's passback is attached, with one reviewer outstanding so possibly more to come. These comments came from White House Counsel. Please transmit this to Kelly Cleary. Thanks.

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Page 298 redacted for the following reason:

(b)(5)

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Lynch, Calder \(CMS/OA\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#)
Cc: [Hill, Timothy B. \(CMS/CMCS\)](#); [Gifford, Deidre S. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: PPR NPRM RIA
Date: Thursday, May 31, 2018 10:09:00 AM
Attachments: [RE HHS CLEARANCE COMPLETE OGC comments--Provider Payment Reassignment \(CMS-2413-P\).msg](#)

Hi Calder,

Attached is the e-mail that was sent to OGC/Caroline Farrell yesterday.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Lynch, Calder (CMS/OA)
Sent: Thursday, May 31, 2018 8:54 AM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PPR NPRM RIA

Thanks - Can you share with me?

From: Fan, Kristin A. (CMS/CMCS)
Sent: Thursday, May 31, 2018 8:31 AM
To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>;

Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: Re: PPR NPRM RIA

We tried to reach them via phone and then sent the language yesterday afternoon. I don't think we've heard back.

Sent from my iPhone

On May 31, 2018, at 8:09 AM, Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov> wrote:

(b)(5)

Sent from my iPhone

On May 29, 2018, at 4:35 PM, Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov> wrote:

(b)(5)

From: Lynch, Calder (CMS/OA)

Sent: Tuesday, May 29, 2018 9:11 AM

To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>

Cc: Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: RE: PPR NPRM RIA

(b)(5)

From: Fan, Kristin A. (CMS/CMCS)

Sent: Tuesday, May 29, 2018 9:09 AM

To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>

Cc: Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: RE: PPR NPRM RIA

(b)(5)

From: Lynch, Calder (CMS/OA)
Sent: Friday, May 25, 2018 3:22 PM
To: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>
Subject: PPR NPRM RIA

(b)(5)

Calder

--

Calder Lynch
Senior Counselor
Office of the Administrator
Centers for Medicare & Medicaid Services (CMS)
Washington, DC 20201
Office: (202) 619-0630

Olin, Jay K. (CMS/OSORA)

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, May 30, 2018 2:19 PM
To: Farrell, Caroline (HHS/OGC)
Cc: Fan, Kristin A. (CMS/CMCS); Freeze, Janet G. (CMS/CMCS); Silanskis, Jeremy D. (CMS/CMCS); Boston, Beverly A. (CMS/CMCS)
Subject: RE: HHS CLEARANCE COMPLETE / OGC comments--Provider Payment Reassignment (CMS-2413-P)

Hi Caroline,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Fultz-Mimms, Trenesha N. (CMS/OSORA)
Sent: Tuesday, May 29, 2018 9:30 AM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Wilson, Lynette N. (CMS/OSORA) <Lynette.Wilson@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Cavanaugh, Alicia A. (CMS/OSORA) <Alicia.Cavanaugh@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Richmond, Carly M. (CMS/OSORA) <carly.richmond@cms.hhs.gov>; Wickliffe, Jim (CMS/OSORA) <Jim.Wickliffe@cms.hhs.gov>
Subject: HHS CLEARANCE COMPLETE / OGC comments--Provider Payment Reassignment (CMS-2413-P)

Hello All-
As of today, HHS clearance is complete.

Comments: OGC (attached)

Thanks,
Trenesha

From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Tuesday, May 15, 2018 2:35 PM
To: Shelton, Carrie A (HHS/IOS) <Carrie.Shelton@HHS.GOV>; Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Wilson, Lynette N. (CMS/OSORA) <Lynette.Wilson@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS 2413-P)— CLEARANCE REQUEST

Action Requested: We have attached a redline-strikeout markup and a revised document for HHS and OMB clearance. We wish to display this rule by June 22, 2018. We are requesting HHS and OMB comments by

Friday, May 25th. **This is pre-decisional information and distribution should be limited to only those staff who must review and clear it.**

Summary of Changes: We received comments from ACL, ASL, ASPE, OGC, and the May 3rd OMB passback. We have addressed the comments and have incorporated them in the revised document, as indicated in the attached redline-strikeout markup. Comments requiring responses are outlined in the attached document.

Thank you for your help in expediting the publication of this proposed rule.

Attachments:

--Master FR Document

--Redline/Strikeout Markup

--Responses to Comments that Required Further Explanation or Did Not Require Changes to the Rule

From: [Mack, Rosa \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Freeze, Janet G. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#)
Subject: RE: Provider NPRM/Examples Fact Sheets
Date: Thursday, June 21, 2018 10:02:47 AM
Attachments: [PRR Fact Sheet 6-21-18 RM.DOCX](#)

Thanks Chris for sending the preamble and the other information! I took a first crack at drafting the fact sheet, but I need you all to review and make sure it makes sense, etc. before I share it with Tim and Deidre.

Let me know if you have any questions. Thanks!

From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 20, 2018 12:45 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Subject: Re: Provider NPRM/Examples Fact Sheets

+Kristin

On Jun 20, 2018, at 10:35 AM, Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov> wrote:

Chris: as we discussed, we are going to now have a press release for this rollout and possibly a fact sheet. Attached are a few examples of fact sheets we have issued in the past. If you all can send me a few bullet points and maybe the preamble to the nprm, I can try to take a first crack at the fact sheet (unless you all have the bandwidth to work on it).

Thanks!

Rosa Mack
Office of the Center Director (OCD)
The Centers for Medicaid & CHIP Services (CMCS)
O:410.786.4824 | C: (b)(6)
[<image003.jpg>](#)

<parity final rule fact sheet.docx>
<home health fact sheet final 1-27-16.docx>
<drugs fact sheet 1-20-16.docx>
<90 10 fact sheet 12-03-15.docx>

Page 306 redacted for the following reason:

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Page 307 redacted for the following reason:

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Page 308 redacted for the following reason:

(b)(5)

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Mack, Rosa \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Freeze, Janet G. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#)
Subject: RE: Provider NPRM/Examples Fact Sheets
Date: Thursday, June 21, 2018 2:08:00 PM
Attachments: [PRR Fact Sheet 6-21-18 RM \(003\).docx](#)

Hi Rosa,

Thank you for putting this together! I had a few minor edits. Please see the attached document.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Mack, Rosa (CMS/CMCS)
Sent: Thursday, June 21, 2018 10:03 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Subject: RE: Provider NPRM/Examples Fact Sheets

Thanks Chris for sending the preamble and the other information! I took a first crack at drafting the fact sheet, but I need you all to review and make sure it makes sense, etc. before I share it with Tim and Deidre.

Let me know if you have any questions. Thanks!

From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 20, 2018 12:45 PM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Subject: Re: Provider NPRM/Examples Fact Sheets

+Kristin

On Jun 20, 2018, at 10:35 AM, Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov> wrote:

Chris: as we discussed, we are going to now have a press release for this rollout and possibly a fact sheet. Attached are a few examples of fact sheets we have issued in the past. If you all can send me a few bullet points and maybe the preamble to the nprm, I can try to take a first crack at the fact sheet (unless you all have the bandwidth to work on it).

Thanks!

Rosa Mack

Office of the Center Director (OCD)

The Centers for Medicaid & CHIP Services (CMCS)

O:410.786.4824 | C: (b)(6)

[<image003.jpg>](#)

<parity final rule fact sheet.docx>

<home health fact sheet final 1-27-16.docx>

<drugs fact sheet 1-20-16.docx>

<90 10 fact sheet 12-03-15.docx>

Page 311 redacted for the following reason:

(b)(5)

Page 312 redacted for the following reason:

(b)(5)

Page 313 redacted for the following reason:

(b)(5)

From: [Brown, Sharon J. \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: Re: Provider NPRM/Examples Fact Sheets
Date: Wednesday, June 20, 2018 2:52:15 PM
Attachments: [RevisedFact SheetandQandAs11142013.docx](#)
[OS Briefing Paper for CMS-2249-P2 08-26-2013fmg edits.docx](#)
[CMS 2249-F and 2296-F Regulation Action Memo to the Secretary 8-26-2013fmg edits.doc](#)

Attached is the fact sheet I created for our provision, as well as the OS Briefing Paper and Regulation Action Memo for the overall rule, just in case they're useful.

Sharon Brown | Administrative Claiming Team, Division of Reimbursement and State Financing | Financial Management Group
| Centers for Medicare & Medicaid Services | ☎: 410-456-7790 | ✉: sharon.brown@cms.hhs.gov

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, June 20, 2018 2:19:46 PM
To: Brown, Sharon J. (CMS/CMCS)
Subject: FW: Provider NPRM/Examples Fact Sheets

Hey Sharon,

Did we do a fact sheet when we implemented 447.10(g)(4)?

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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Fax: (410) 786-8533

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From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 20, 2018 10:35 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>

Subject: Provider NPRM/Examples Fact Sheets

Chris: as we discussed, we are going to now have a press release for this rollout and possibly a fact sheet. Attached are a few examples of fact sheets we have issued in the past. If you all can send me a few bullet points and maybe the preamble to the nprm, I can try to take a first crack at the fact sheet (unless you all have the bandwidth to work on it).

Thanks!

Rosa Mack

Office of the Center Director (OCD)

The Centers for Medicaid & CHIP Services (CMCS)

📞:410.786.4824 | 📠: (b)(6)

🐦 @MedicaidGov

Page 316 redacted for the following reason:

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Page 321 redacted for the following reason:

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Page 322 redacted for the following reason:

(b)(5)

Page 323 redacted for the following reason:

(b)(5)

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Fan, Kristin A. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Boston, Beverly A. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#)
Subject: RE: Provider payment reassignment
Date: Tuesday, September 11, 2018 10:20:00 AM
Attachments: [PRR High level comments summary 9.11.18 - Copy.docx](#)

Hey Kristin,

Attached is a revised comment analysis. Team members will submit an up-to-date comment analysis by COB today and we will be able to report a higher percentage of completion later today.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
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-----Original Message-----

From: Fan, Kristin A. (CMS/CMCS)
Sent: Tuesday, September 11, 2018 9:42 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>
Subject: FW: Provider payment reassignment

Can you send to me?

-----Original Message-----

From: Lynch, Calder (CMS/OA)
Sent: Tuesday, September 11, 2018 9:41 AM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>
Subject: Provider payment reassignment

Can you send me the current comment analysis doc? Have we finished- or what % are we? Brady has mtg at EOP this am where she will be asked.

Sent from my iPhone

Provider Reassignment Regulation (CMS-2413-P)
Summary of Public Comments
As of 9/11/18

Total Commenters = 7,182

Unique Commenters = 2,261

Comments Analyzed = 5,849

Percentage Complete: 81.43%

States = 0

Individuals = 5,849 (Including providers)

Organizations = 13 (Including Provider Advocacy Groups)

Major Themes:

In Support of the proposed rule:

- *Many commenters highlighted the union dues skimming aspect of the proposed rule.*
- *Several commenters referenced recently signed legislation in both Minnesota and Washington that would automatically make home care providers union members.*

In opposition of the proposed rule:

- *One commenter suggested making all provider reassignments voluntary.*
- *Several commenters indicated that implementation of this proposed rule would negatively impact access to and quality of home care services.*
- *Several commenters highlighted the fact the CMS did not have enough data to determine the economic significance associated with rescinding 42 CFR 447.10(g)(4), yet the Agency chose a 30 day comment period. Based on our preliminary analysis, we have not uncovered any comments that provide specific detail regarding the economic significance of this rule.*

National Organizations:

- The National Association of States United for Aging and Disabilities (NASUAD) suggested adding additional language to the rule to specifically allow for the option to deduct finance cost associated with self-directed care, including fiscal intermediary services, payroll taxes, and other necessary expenses. FMG is currently working with DEHPG/LTSS and DEHPG/DBC with regard to draft language to be inserted into the comments and responses portion of the NPRM for the final rule.

Congressional Comments:

Provider Reassignment Regulation (CMS-2413-P)
Summary of Public Comments
As of 9/11/18

- Based on our preliminary analysis, Senators Ron Johnson (WI) and Rep. Matt Dean of the Minnesota House of Representatives provided comments in support of the proposed rule.
- All other comments from Congress were in opposition of the rule. The reasons for opposition include:
 - *The use a 30 day comment period*
 - *The lack of any meaningful or quantitative analysis of the costs associated with this rule.*
 - *The potential negative impact on access to and quality of home and community-based services.*

States that submitted comments:

Preliminary analysis has not yielded any comments directly submitted from states.

Write-in Campaigns – California, Washington, Florida

Individuals overwhelming opposed the proposed rule. These form letters cite CMS's overreach of authority designed to attack home care workers and their freedom to spend their wages as they choose.

Considerations for OGC:

FMG will be seeking the assistance of OGC with regard to comments that address the legal aspects of the proposed rule. Preliminary analysis has yielded the following comments that fall into this category:

- This proposed rule undermines an individual's first amendment right to support unions.
- This proposed rule violates individual's civil rights.
- Submitted by Matt Dean of the MN House of Representatives: Minnesota's Medicaid program lacks statutory authority to appropriate federal law prohibits the described appropriation. Still, this profound misuse of federal funds continues. As such, the final rule or an additional regulation must make clear that Section 32 prohibits the diversion of Medicaid payments to unions and their affiliates, and that only assignments to government agencies or by court orders are permitted.

Major Decision Points/ Next Steps:

N/A

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Fan, Kristin A. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Boston, Beverly A. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#)
Subject: RE: Provider payment reassignment
Date: Wednesday, September 12, 2018 10:41:00 AM
Attachments: [PRR High level comments summary 9.12.18.docx](#)

Hi Kristin,

Attached is an updated PRR Comments Analysis. Revisions Include

- 91% Complete
- We note that several commenters suggest that the proposed rule runs counter to state flexibility.
- We received comments from the states of CA/PA and NY.

The CA AG indicates that this rule is an intrusion on state labor laws and it raises Federalism concerns, as well as violates the Tenth Amendment, and intrudes upon state sovereignty. We will seek OGC's assistance with regard to this letter.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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-----Original Message-----

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Tuesday, September 11, 2018 10:20 AM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>
Subject: RE: Provider payment reassignment

Hey Kristin,

Attached is a revised comment analysis. Team members will submit an up-to-date comment analysis by COB today and we will be able to report a higher percentage of completion later today.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing Center for Medicaid and CHIP Services Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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-----Original Message-----

From: Fan, Kristin A. (CMS/CMCS)
Sent: Tuesday, September 11, 2018 9:42 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>
Subject: FW: Provider payment reassignment

Can you send to me?

-----Original Message-----

From: Lynch, Calder (CMS/OA)
Sent: Tuesday, September 11, 2018 9:41 AM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>
Subject: Provider payment reassignment

Can you send me the current comment analysis doc? Have we finished- or what % are we? Brady has mtg at EOP this am where she will be asked.

Sent from my iPhone

Provider Reassignment Regulation (CMS-2413-P)
Summary of Public Comments
As of 9/12/18

Total Commenters = 7,182

Unique Commenters = 2,261

Comments Analyzed = 6,532

Percentage Complete: 91%

States = 6 (Including the counties of Alameda and Santa Clara, CA)

Individuals = 6,460 (Including providers)

Organizations = 41 (Including Provider Advocacy Groups)

Political Comments = 25 (Both State and Federal Representatives)

Major Themes:

In Support of the proposed rule:

- *Many commenters highlighted the union dues skimming aspect of the proposed rule.*
- *Several commenters referenced recently signed legislation in both Minnesota and Washington that would automatically make home care providers union members.*

In opposition of the proposed rule:

- *One commenter suggested making all provider reassignments voluntary.*
- *Several commenters indicated that implementation of this proposed rule would negatively impact access to and quality of home care services.*
- *Several commenters highlighted the fact the CMS did not have enough data to determine the economic significance associated with rescinding 42 CFR 447.10(g)(4), yet the Agency chose a 30 day comment period. Based on our preliminary analysis, we have not uncovered any comments that provide specific detail regarding the economic significance of this rule.*
- *Several commenters suggested implementation of this proposed rule runs counter to state flexibility.*

National Organizations:

- The National Association of States United for Aging and Disabilities (NASUAD) suggested adding additional language to the rule to specifically allow for the option to deduct finance cost associated with self-directed care, including fiscal intermediary services, payroll taxes, and other necessary expenses. FMG is currently working with DEHPG/LTSS and DEHPG/DBC

Provider Reassignment Regulation (CMS-2413-P)
Summary of Public Comments
As of 9/12/18

with regard to draft language to be inserted into the comments and responses portion of the NPRM for the final rule.

Congressional Comments:

- Based on our preliminary analysis, Senators Ron Johnson (WI) and Rep. Matt Dean of the Minnesota House of Representatives provided comments in support of the proposed rule.
- All other comments from Congress were in opposition of the rule. The reasons for opposition include:
 - *The use a 30 day comment period*
 - *The lack of any meaningful or quantitative analysis of the costs associated with this rule.*
 - *The potential negative impact on access to and quality of home and community-based services.*

State-submitted comments:

Preliminary analysis has yielded comments from the following states:

California:

Comments were received from the CA Dept. of Social Services, CA Office of the Attorney General (See legal comments below), and the CA State Controller's Office.

The CA Dept. of Social Services believes the rule will unnecessarily increase the amount of administrative burden and cost on consumers, providers, and the health care delivery system.

Pennsylvania:

The PA Dept. of the Auditor General questions the validity of the \$8 million amount that factored into the calculation of the economic significance of \$0 – \$160 million. The Auditor also noted that PA does not require mandated deductions of union dues.

New York:

The New York City Department of Consumer Affairs indicated that the proposed rule would undermine the financial and employment security of thousands of home care workers and would negatively impact access to services.

Write-in Campaigns – California, Washington, Florida

Individuals overwhelming opposed the proposed rule. These form letters cite CMS's overreach of authority designed to attack home care workers and their freedom to spend their wages as they choose.

Provider Reassignment Regulation (CMS-2413-P)
Summary of Public Comments
As of 9/12/18

Considerations for OGC:

FMG will be seeking the assistance of OGC with regard to comments that address the legal aspects of the proposed rule. Preliminary analysis has yielded the following comments that fall into this category:

- This proposed rule undermines an individual's first amendment right to support unions.
- This proposed rule violates individual's civil rights.
- Submitted by Matt Dean of the MN House of Representatives: Minnesota's Medicaid program lacks statutory authority to appropriate federal law prohibits the described appropriation. Still, this profound misuse of federal funds continues. As such, the final rule or an additional regulation must make clear that Section 32 prohibits the diversion of Medicaid payments to unions and their affiliates, and that only assignments to government agencies or by court orders are permitted.
- The CA AG's Office indicates that the proposed rule would exceed HHS's authority under the Medicaid Act and intrudes upon state sovereignty.
- The CA AG's Office also indicated that intrusion in state labor laws raises Federalism concerns and violates the Tenth Amendment.
- The PA Dept. of the Auditor General questioned the validity of the \$8 million referenced in the footnote of the NPRM.

Major Decision Points/ Next Steps:

N/A

From: [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#); [Brooks, Gaysha M. \(CMS/OSORA\)](#); [Brewer, Annette M. \(CMS/OSORA\)](#)
Subject: RE: Provider Reassignment (2413-P) Final Rule Template
Date: Thursday, September 6, 2018 7:34:13 AM
Attachments: [CMS-2413-F Master Shell \(9-6-18\).doc](#)

Good Morning Chris,
Attached is the shell document for the Provider Reassignment final rule (CMS-2413-F).

From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Wednesday, September 5, 2018 3:58 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: Provider Reassignment (2413-P) Final Rule Template

Hi Chris,

Cynthia Lambert-Lawson is the RDG Analyst for this rule. She will be sending you a shell document for the final rule.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, September 5, 2018 3:52 PM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: Provider Reassignment (2413-P) Final Rule Template

Hey Gaysha,

I hope this e-mail finds you in good spirits. Our analysis of the comments for 2413-P is more than halfway complete and we do not anticipate the aim of the rule changing much. I understand OSORA normally goes through the reg. text of the proposed rule and reformats the language for the final rule. We've been tasked by OCD with being ready to publish the final rule in a couple of weeks and I was wondering if the reformatting of the reg. text could be done in the next couple of days?

Thank you,

Chris Thompson
Deputy Division Director

Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
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From: [Brewer, Annette M. \(CMS/OSORA\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#)
Cc: [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Lafferty, Tiffany R. \(CMS/OSORA\)](#); [Brooks, Gaysha M. \(CMS/OSORA\)](#); [Hubbard, Lisa A. \(CMS/OSORA\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#)
Subject: RE: Provider Reassignment (2413-P) Final Rule
Date: Tuesday, October 23, 2018 9:34:21 AM
Attachments: [CMS-2413-F \(10-23-18\).docx](#)
[2413-F OSORA Mark-up of 10-22-18 component draft \(10-23-18\).docx](#)

Chris,

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Once I hear back from you, we will put the document in clearance.
Thanks,

Annette M. Brewer 

 410-786-6580 /  (b)(6) | **ADS on Mondays**

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, October 22, 2018 4:42 PM
To: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Subject: RE: Provider Reassignment (2413-P) Final Rule

Good Afternoon Gaysha and Tiffany,

The attached draft final rule is being submitted for clearance.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Barco, Evell J. \(CMS/OSORA\)](#)
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F
Date: Monday, December 10, 2018 11:59:00 AM
Attachments: [Appendix A -PRR comment summary.docx](#)
[Appendix B -PRR Comment and Responses.docx](#)

Sure, here is both the revised Attachment B and Attachment A

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
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From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, December 10, 2018 11:51 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi

Would you please send both attachments to ensure I forward the correct ones?

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, December 10, 2018 11:40 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi Evell,

Attached is a revised Attachment B.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, December 10, 2018 10:17 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Ok.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, December 10, 2018 10:13 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi Evell,

I would like to send forth Attachment A and B. I need to revise Attachment B and I will send you a revised Attachment B within the next hour.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28
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From: Barco, Evell J. (CMS/OSORA)
Sent: Saturday, December 8, 2018 8:14 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Cc: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: FW: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi,

I moved the HHS briefing paper you sent to OS/ES on Friday. Is that the only paper that we intend to use? I received these additional attachments in Nov but didn't re-send them to HHS because I couldn't be certain that no changes were necessary.

From: Barco, Evell J. (CMS/OSORA)
Sent: Thursday, December 6, 2018 10:48 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Harshman, Sara (CMS/CMCS) <Sara.Harshman@cms.hhs.gov>
Cc: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>
Subject: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Good morning,

This rule was submitted to HHS for clearance this morning with comments due Thurs, Dec 13. The Dept is requesting a briefing Monday afternoon on Dec 10.

1. Please confirm your availability for the briefing.
2. Please determine if any changes are necessary to the briefing material you submitted in early Nov.
3. Identify the presenter(s).

Thanks.

Appendix A - Comment Summary

Provider Reassignment Regulation (CMS-2413-F)

Total Comment = 7,182

Unique Commenters = 2,261

Comments Analyzed = 7,166

Out of Scope Comments = 16

States = 14 (Including the counties of Alameda and Santa Clara, CA)

Individuals = 6,910 (Including providers)

Organizations = 158 (Including Provider Advocacy Groups)

Political Comments = 26 (Both State and Federal Representatives)

Unions = 58 (Primarily SEIU and AFSCME)

Major Themes:

In Support of the proposed rule:

- *Many commenters highlighted the union dues skimming aspect of the proposed rule.*
- *Several commenters referenced recently signed legislation in both Minnesota and Washington that would automatically make home care providers union members.*

In opposition of the proposed rule:

- *One commenter suggested making all provider reassignments voluntary.*
- *Several commenters indicated that implementation of this proposed rule would negatively impact access to and quality of home care services.*
- *Several commenters highlighted the fact the CMS did not have enough data to determine the economic significance associated with rescinding 42 CFR 447.10(g)(4), yet the Agency chose a 30 day comment period. There were no comments that provided specific detail/analysis regarding the economic significance of this rule.*
- *Several commenters suggested implementation of this proposed rule runs counter to state flexibility.*

Write-in Campaigns – California, Washington, Florida

Individuals overwhelmingly opposed the proposed rule. These form letters cite CMS's overreach of authority designed to attack home care workers and their freedom to spend their wages as they choose.

Appendix A - Comment Summary

Provider Reassignment Regulation (CMS-2413-F)

Congressional Comments:

- Senators Ron Johnson (WI) and Rep. Matt Dean of the Minnesota House of Representatives provided comments in support of the proposed rule.
- All other comments from Congress were in opposition of the rule. The reasons for opposition include:
 - *The use a 30 day comment period*
 - *The lack of any meaningful or quantitative analysis of the costs associated with this rule.*
 - *The potential negative impact on access to and quality of home and community- based services.*

State-submitted comments:

Analysis yielded comments from the following states:

California:

Comments were received from the CA Dept. of Social Services, CA Office of the Attorney General, and the CA State Controller's Office.

The CA Dept. of Social Services believes the rule will unnecessarily increase the amount of administrative burden and cost on consumers, providers, and the health care delivery system.

Pennsylvania:

The PA Dept. of the Auditor General questions the validity of the \$8 million amount that factored into the calculation of the economic significance of \$0 – \$160 million. The Auditor also noted that PA does not require mandated deductions of union dues.

New York:

The New York City Department of Consumer Affairs indicated that the proposed rule would undermine the financial and employment security of thousands of home care workers and would negatively impact access to services.

Massachusetts:

The Massachusetts State Medicaid Agency requested CMS to clarify that the proposed rule would not affect a state's authority to perform or secure Financial Management Services in connection with a state plan-based program.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Below is a sample of the comments and responses contained with the preamble for CMS-2413F:

1. Statutory Authority

Comment: Several commenters stated CMS provided no other explanation to support the concern that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute at section 1902(a)(32) of the Act.

Response: Commenters are correct that we were concerned that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute. In our preamble, we referenced the agency's longstanding position, which was also expressed in the preamble to the January 16, 2014 final rule (79 FR 2947, 3001), that, "the statute does not expressly provide for additional exceptions to the direct payment principle, and we believe the circumstances at issue were not contemplated under the statute." As discussed in our prior rulemaking published on January 16, 2014 (79 FR 2947, 3001), section 1902(a)(32) of the Act provides for a number of exceptions to the direct payment requirement, but the language does not explicitly authorize the agency to create new exceptions. Working from these premises, we reviewed the statute at section 1902(a)(32) of the Act and were unable to determine that any of the exceptions contained therein provided authority for the exception at §447.10(g)(4). In other words, we concluded that the exception at §447.10(g)(4) was a creation of a new exception by the agency beyond what the statute allows. Therefore, we have removed the provision at §447.10(g)(4) due to the lack of authority to implement new exceptions to section 1902(a)(32) of the Act.

Comment: We received one comment that recommended a new regulation to focus on payments to employees of beneficiaries. Specifically, the commenter suggested that a regulation should indicate that payments to individual practitioners who are employed, in whole or in part, by a beneficiary can be assigned only to a government agency or entity or by court order

Response: This comment is outside of the scope of this rule, however, we will take into consideration whether a regulation or further subregulatory guidance is needed to further clarify this issue.

2. Negative Impact to Stakeholders

Comment: Many commenters stated that removal of §447.10(g)(4) would result in a loss or disruption of benefits for home care workers, specifically health insurance coverage, and may lead to increases in uncompensated care costs and/or Medicaid enrollment, which may create downstream negative impacts. Commenters expressed concern that the proposed rule would prohibit automatic paycheck deductions and that Congress did not intend to affect healthcare deductions and deductions for voluntary union dues with the anti-reassignment provisions in statute. Several commenters stated that, as a result of this rule, home health workers will lose health insurance coverage.

Response: We are removing the paragraph due to the lack of statutory authority to implement additional exceptions to section 1902(a)(32) of the Act. Generally within the Medicaid program, states have the flexibility to implement measures in response to potential harm to stakeholders.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Additionally, individual practitioners can voluntarily purchase or contribute to the items previously allowed under paragraph (g)(4) through transactions separate from their Medicaid reimbursement.

We also note there is a distinction between voluntary deductions and payment reassignment. Section 447.10(g)(4) pertained to the class of practitioners for which the Medicaid program is the primary source of service revenues, such as home health workers, who are not employees of the state. As non-employees, such practitioners do not receive salaries, and therefore, are ineligible for payroll deductions. Instead, they are the recipients of Medicaid reimbursement. Certain reassignments are permitted under §447.10(g)(1) through (3); however, the reassignment of reimbursement to third parties for items such as health insurance, skills training, and other benefits customary for employees are not.

Comment: Several commenters opposed the proposed rule and mentioned that eliminating the automatic payment of retirement or health care premiums from a provider's pay could cause a financial hardship if they had to purchase those benefits separately and not collectively through their employment.

Response: We removed §447.10(g)(4) due to the lack of statutory authority to implement new exceptions to section 1902(a)(32) of the Act. To the extent allowed by State and Federal laws, states may be able to continue to allow individual practitioners to receive healthcare coverage or retirement from or through the state; however, as a result of the removal of §447.10(g)(4), the individual must purchase or contribute to the health insurance coverage or retirement through transactions separate from their reimbursement. It should also be noted that due to recently issued rulemaking by the Department of Labor, individual practitioners may have new opportunities to purchase health insurance coverage through collective Association Health Plans.

3. Reassignment of Union Dues

Comment: A large number of commenters, both in opposition and support of the proposed rule, mentioned unions and/or union dues, and some commenters mentioned the benefits workers receive from union membership. Other commenters indicated that there are existing state laws surrounding union membership.

Response: While the removal of §447.10(g)(4) eliminates a state's ability to reassign provider reimbursement for items such as union dues, we are removing §447.10(g)(4) due to the lack of statutory authority to implement additional exceptions to section 1902(a)(32) of the Act. In regard to the benefits workers may receive from union membership, it should be noted that individual practitioners can purchase or contribute to the items referenced under paragraph (g)(4) through transactions separate from their Medicaid reimbursement. In regard to existing state laws surrounding union membership, if state law(s) and/or regulation(s) conflict with §447.10 after the removal of paragraph (g)(4), the state Medicaid agency will need to take corrective action to comply with current federal statute and regulations. CMS is available to answer any questions states may have or to provide additional technical assistance to states.

Comment: Several commenters discussed state measures to privatize providers or make providers state employees in order to reassign portions of the provider's reimbursement.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Response: As this comment is not directly applicable to the removal §447.10(g)(4), the comment has been determined to be out of scope. However, we note the regulatory text at §447.10(g)(4) was specifically applicable to Medicaid enrolled individual practitioners who provided services on a contractual basis.

4. Economic Impact

Comment: Several commenters indicated this rule would result in a significant economic impact.

Response: In the preamble to the proposed rule, we estimated the economic significance of this rule to range from \$0-160 million. While we received comments that provided estimates of the potential impact of this rule, those estimates were not supported by any substantive documentation and/or analysis. Additionally, we have not identified any sources of analysis regarding the regulation's full impact.

Comment: One commenter urged CMS to conduct and publish an analysis of the issues pertaining to reassignment before finalizing this rule.

Response: As mentioned in the preamble to the proposed rule, we did not formally track the amount of reimbursement that was being reassigned to third parties by states. It should be noted that one state submitted a state plan amendment as a direct result of §447.10(g)(4). In the preamble to the proposed rule, we estimated that the financial impact of removing §447.10(g)(4) could range from \$0-160 million. We also urged stakeholders to provide comment and analysis with regard to the economic significance of this rule during the comment period. While we received comments that provided estimates of the potential impact of this rule, those estimates were not supported by any substantive analysis.

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Barco, Evell J. \(CMS/OSORA\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F
Date: Monday, December 10, 2018 11:40:00 AM
Attachments: [Appendix B -PRR Comment and Responses.docx](#)

Hi Evell,

Attached is a revised Attachment B.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Barco, Evell J. (CMS/OSORA)
Sent: Monday, December 10, 2018 10:17 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Ok.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, December 10, 2018 10:13 AM
To: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi Evell,

I would like to send forth Attachment A and B. I need to revise Attachment B and I will send you a revised Attachment B within the next hour.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
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From: Barco, Evell J. (CMS/OSORA)
Sent: Saturday, December 8, 2018 8:14 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Cc: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: FW: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Hi,
I moved the HHS briefing paper you sent to OS/ES on Friday. Is that the only paper that we intend to use? I received these additional attachments in Nov but didn't re-send them to HHS because I couldn't be certain that no changes were necessary.

From: Barco, Evell J. (CMS/OSORA)
Sent: Thursday, December 6, 2018 10:48 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Harshman, Sara (CMS/CMCS) <Sara.Harshman@cms.hhs.gov>
Cc: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>
Subject: HHS Reviewers Briefing- Reassignment of Medicaid Provider Claims -- CMS-2413-F

Good morning,

This rule was submitted to HHS for clearance this morning with comments due Thurs, Dec 13. The Dept is requesting a briefing Monday afternoon on Dec 10.

1. Please confirm your availability for the briefing.
2. Please determine if any changes are necessary to the briefing material you submitted in early Nov.
3. Identify the presenter(s).

Thanks.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Below is a sample of the comments and responses contained with the preamble for CMS-2413F:

1. Statutory Authority

Comment: Several commenters stated CMS provided no other explanation to support the concern that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute at section 1902(a)(32) of the Act.

Response: Commenters are correct that we were concerned that §447.10(g)(4) was insufficiently linked to the exceptions expressly permitted by the statute. In our preamble, we referenced the agency's longstanding position, which was also expressed in the preamble to the January 16, 2014 final rule (79 FR 2947, 3001), that, "the statute does not expressly provide for additional exceptions to the direct payment principle, and we believe the circumstances at issue were not contemplated under the statute." As discussed in our prior rulemaking published on January 16, 2014 (79 FR 2947, 3001), section 1902(a)(32) of the Act provides for a number of exceptions to the direct payment requirement, but the language does not explicitly authorize the agency to create new exceptions. Working from these premises, we reviewed the statute at section 1902(a)(32) of the Act and were unable to determine that any of the exceptions contained therein provided authority for the exception at §447.10(g)(4). In other words, we concluded that the exception at §447.10(g)(4) was a creation of a new exception by the agency beyond what the statute allows. Therefore, we have removed the provision at §447.10(g)(4) due to the lack of authority to implement new exceptions to section 1902(a)(32) of the Act.

Comment: We received one comment that recommended a new regulation to focus on payments to employees of beneficiaries. Specifically, the commenter suggested that a regulation should indicate that payments to individual practitioners who are employed, in whole or in part, by a beneficiary can be assigned only to a government agency or entity or by court order

Response: This comment is outside of the scope of this rule, however, we will take into consideration whether a regulation or further subregulatory guidance is needed to further clarify this issue.

2. Negative Impact to Stakeholders

Comment: Many commenters stated that removal of §447.10(g)(4) would result in a loss or disruption of benefits for home care workers, specifically health insurance coverage, and may lead to increases in uncompensated care costs and/or Medicaid enrollment, which may create downstream negative impacts. Commenters expressed concern that the proposed rule would prohibit automatic paycheck deductions and that Congress did not intend to affect healthcare deductions and deductions for voluntary union dues with the anti-reassignment provisions in statute. Several commenters stated that, as a result of this rule, home health workers will lose health insurance coverage.

Response: We are removing the paragraph due to the lack of statutory authority to implement additional exceptions to section 1902(a)(32) of the Act. Generally within the Medicaid program, states have the flexibility to implement measures in response to potential harm to stakeholders.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Additionally, individual practitioners can voluntarily purchase or contribute to the items previously allowed under paragraph (g)(4) through transactions separate from their Medicaid reimbursement.

We also note there is a distinction between voluntary deductions and payment reassignment. Section 447.10(g)(4) pertained to the class of practitioners for which the Medicaid program is the primary source of service revenues, such as home health workers, who are not employees of the state. As non-employees, such practitioners do not receive salaries, and therefore, are ineligible for payroll deductions. Instead, they are the recipients of Medicaid reimbursement. Certain reassignments are permitted under §447.10(g)(1) through (3); however, the reassignment of reimbursement to third parties for items such as health insurance, skills training, and other benefits customary for employees are not.

Comment: Several commenters opposed the proposed rule and mentioned that eliminating the automatic payment of retirement or health care premiums from a provider's pay could cause a financial hardship if they had to purchase those benefits separately and not collectively through their employment.

Response: We removed §447.10(g)(4) due to the lack of statutory authority to implement new exceptions to section 1902(a)(32) of the Act. To the extent allowed by State and Federal laws, states may be able to continue to allow individual practitioners to receive healthcare coverage or retirement from or through the state; however, as a result of the removal of §447.10(g)(4), the individual must purchase or contribute to the health insurance coverage or retirement through transactions separate from their reimbursement. It should also be noted that due to recently issued rulemaking by the Department of Labor, individual practitioners may have new opportunities to purchase health insurance coverage through collective Association Health Plans.

3. Reassignment of Union Dues

Comment: A large number of commenters, both in opposition and support of the proposed rule, mentioned unions and/or union dues, and some commenters mentioned the benefits workers receive from union membership. Other commenters indicated that there are existing state laws surrounding union membership.

Response: While the removal of §447.10(g)(4) eliminates a state's ability to reassign provider reimbursement for items such as union dues, we are removing §447.10(g)(4) due to the lack of statutory authority to implement additional exceptions to section 1902(a)(32) of the Act. In regard to the benefits workers may receive from union membership, it should be noted that individual practitioners can purchase or contribute to the items referenced under paragraph (g)(4) through transactions separate from their Medicaid reimbursement. In regard to existing state laws surrounding union membership, if state law(s) and/or regulation(s) conflict with §447.10 after the removal of paragraph (g)(4), the state Medicaid agency will need to take corrective action to comply with current federal statute and regulations. CMS is available to answer any questions states may have or to provide additional technical assistance to states.

Comment: Several commenters discussed state measures to privatize providers or make providers state employees in order to reassign portions of the provider's reimbursement.

Appendix B - Comments and Draft Responses
Provider Reimbursement Reassignment Regulation (CMS-2413-F)

Response: As this comment is not directly applicable to the removal §447.10(g)(4), the comment has been determined to be out of scope. However, we note the regulatory text at §447.10(g)(4) was specifically applicable to Medicaid enrolled individual practitioners who provided services on a contractual basis.

4. Economic Impact

Comment: Several commenters indicated this rule would result in a significant economic impact.

Response: In the preamble to the proposed rule, we estimated the economic significance of this rule to range from \$0-160 million. While we received comments that provided estimates of the potential impact of this rule, those estimates were not supported by any substantive documentation and/or analysis. Additionally, we have not identified any sources of analysis regarding the regulation's full impact.

Comment: One commenter urged CMS to conduct and publish an analysis of the issues pertaining to reassignment before finalizing this rule.

Response: As mentioned in the preamble to the proposed rule, we did not formally track the amount of reimbursement that was being reassigned to third parties by states. It should be noted that one state submitted a state plan amendment as a direct result of §447.10(g)(4). In the preamble to the proposed rule, we estimated that the financial impact of removing §447.10(g)(4) could range from \$0-160 million. We also urged stakeholders to provide comment and analysis with regard to the economic significance of this rule during the comment period. While we received comments that provided estimates of the potential impact of this rule, those estimates were not supported by any substantive analysis.

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Brewer, Annette M. \(CMS/OSORA\)](#); [Lafferty, Tiffany R. \(CMS/OSORA\)](#); [Hubbard, Lisa A. \(CMS/OSORA\)](#)
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Date: Wednesday, November 21, 2018 8:15:00 AM
Attachments: [RE CMS-2413-F Medicaid Program; Reassignment of Medicaid Provider Claims.msg](#)

Good Morning Cynthia,

I am attaching a note that OGC sent to OSORA yesterday. We are current working through some significant legal issues and while we initially anticipated putting the rule back into clearance today, we are now hoping to put it back into clearance early next week.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Lambert-Lawson, Cynthia (CMS/OSORA)
Sent: Wednesday, November 21, 2018 7:29 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning Chris,

To update management, what is the ETA in receiving the revised draft for CMS-2413-F ?

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, November 19, 2018 12:42 PM

To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

Thank you and yes were on still on schedule with regard to 11/21 submission date.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Monday, November 19, 2018 11:45 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program;

Reassignment of Medicaid Provider Claims (CMS-2413-F)

(b)(5)

Are you still on schedule to send the revisions on 11/21.

From: Thompson, Christopher C. (CMS/CMCS)

Sent: Monday, November 19, 2018 11:40 AM

To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>

Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

(b)(5)

Thank you,

Chris Thompson

Deputy Division Director

Division of Reimbursement & State Financing

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28

Baltimore, MD 21244

Phone: (410)786-4044

Mobile: (b)(6)

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From: Brooks, Gaysha M. (CMS/OSORA)

Sent: Tuesday, November 13, 2018 10:11 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning,

Please provide us with an update on when the revised draft will be sent.

Thanks

From: Brooks, Gaysha M. (CMS/OSORA)

Sent: Friday, November 9, 2018 11:44 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Chris,

Now that CMS clearance is complete, please let us know when the revised draft will be sent.

Thanks

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 9, 2018 11:17 AM

To: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program;

Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good morning,

Please see attached for OGC's comment on the draft Medicaid Provider Payment Reassignment NPRM.

Please let us know if you have questions and whether you would like to have a call to discuss our comments.

Thank you,

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Brewer, Annette M. (CMS/OSORA)
Sent: Tuesday, November 6, 2018 11:18 AM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Importance: High

Hi Caroline,
Any updates on when we can expect OGC comments? With the rule scheduled for publication this month, we really need to revise the rule based on CMS comments and move to HHS asap. Any help would be appreciated.
Thanks,

Annette M. Brewer 

 410-786-6580 /  (b)(6) **ADS on Mondays**

From: Farrell, Caroline (HHS/OGC)
Sent: Friday, November 2, 2018 3:26 PM
To: CMS Coordination_Regs_OSORA <Coordination_Regs_OSORA@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

OGC is still working on this review and should be able to provide comments next week. Please check in early next week if you want a more specific update.

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: CMS Coordination_Regs_OSORA
Sent: Friday, November 2, 2018 2:35 PM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>
Subject: FW: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Importance: High

Note to OGC: Clearance for CMS-2413-F was due on Tuesday, October 30, 2018. We are still pending clearance/comments from OGC. Please provide us with an update as soon as possible.

Thanks

From: CMS Coordination_Regs_OSORA

Sent: Wednesday, October 31, 2018 9:53 AM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Good Morning,

This is a friendly reminder that the clearance for CMS-2413-F are now overdue. Clearances were due October 30, 2018. Thank you.

From: CMS Coordination_Regs_OSORA

Sent: Tuesday, October 23, 2018 5:06 PM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

CMS-2413-F: Medicaid Program; Reassignment of Medicaid Provider Claims

Clearance is requested by 5 p.m., Tuesday, October 30, 2018.

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(b)(5)

If you have any questions regarding submission of clearances and comments, you may contact **Cynthia Lambert-Lawson (x6-1366)**. Please call **Chris Thompson (X6-4044) for policy related questions.**

This final rule is scheduled for publication on November 30, 2018. Therefore, it is important that we receive all clearances timely. Thank you, in advance, for your prompt response.

Olin, Jay K. (CMS/OSORA)

From: Farrell, Caroline (HHS/OGC)
Sent: Tuesday, November 20, 2018 1:42 PM
To: Brooks, Gaysha M. (CMS/OSORA)
Cc: Popp, Dawn (HHS/OGC); Fisher, Barbara (HHS/OGC); Thompson, Christopher C. (CMS/CMCS)
Subject: RE: CMS-2413-F Medicaid Program; Reassignment of Medicaid Provider Claims

(b)(5)

Please let me know if you want to discuss more.

Thanks,
Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Tuesday, November 20, 2018 11:54 AM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>
Cc: Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Subject: CMS-2413-F Medicaid Program; Reassignment of Medicaid Provider Claims

Hi Caroline,

(b)(5)

(b)(5)

Please let us know if you have any concerns.

Thanks,
Gaysha

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Brooks, Gaysha M. \(CMS/OSORA\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#); [Brewer, Annette M. \(CMS/OSORA\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Lafferty, Tiffany R. \(CMS/OSORA\)](#); [Hubbard, Lisa A. \(CMS/OSORA\)](#); [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#)
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Date: Tuesday, December 4, 2018 4:47:00 PM
Attachments: [CMS-2413-F Consolidated comments - Clean.docx](#)

Hi Gaysha,

Attached is the revised rule.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Monday, December 3, 2018 11:16 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning,

We are following up on the status of CMS-2413-F. Please let us know when revisions are expected.

Thanks

From: Boston, Beverly A. (CMS/CMCS)
Sent: Friday, November 30, 2018 4:39 PM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha and Tiffany,

Chris will respond on the status, but in the interim, can you tell me what is new December publication date we're working toward? I need to update other trackers with this information.

Thanks

Beverly

From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Friday, November 30, 2018 1:45 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Chris,

Please provide us with an update for CMS-2413-F.

Thanks

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Tuesday, November 27, 2018 4:43 PM
To: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Annette,

(b)(5) and the revisions wrapped up by the end of the week at the latest.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brewer, Annette M. (CMS/OSORA)
Sent: Tuesday, November 27, 2018 7:29 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good morning,
Any updates on the timing of the revisions?

Annette M. Brewer 
 410-786-6580 / (b)(6) **ADS on Mondays**

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, November 21, 2018 8:15 AM
To: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>

Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning Cynthia,

I am attaching a note that OGC sent to OSORA yesterday. (b)(5)
(b)(5) and while we initially anticipated putting the rule back into clearance today, we are now hoping to put it back into clearance early next week.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Lambert-Lawson, Cynthia (CMS/OSORA)
Sent: Wednesday, November 21, 2018 7:29 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning Chris,
To update management, what is the ETA in receiving the revised draft for CMS-2413-F ?

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, November 19, 2018 12:42 PM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>

Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

Thank you and yes were on still on schedule with regard to 11/21 submission date.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Monday, November 19, 2018 11:45 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

(b)(5)

Are you still on schedule to send the revisions on 11/21.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, November 19, 2018 11:40 AM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jeremiah.Sabir@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Gaysha,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Tuesday, November 13, 2018 10:11 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis,

Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good Morning,

Please provide us with an update on when the revised draft will be sent.

Thanks

From: Brooks, Gaysha M. (CMS/OSORA)

Sent: Friday, November 9, 2018 11:44 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Cc: Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Hi Chris,

Now that CMS clearance is complete, please let us know when the revised draft will be sent.

Thanks

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 9, 2018 11:17 AM

To: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Good morning,

Please see attached for OGC's comment on the draft Medicaid Provider Payment Reassignment NPRM.

Please let us know if you have questions and whether you would like to have a call to discuss our comments.

Thank you,

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Brewer, Annette M. (CMS/OSORA)
Sent: Tuesday, November 6, 2018 11:18 AM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)
Importance: High

Hi Caroline,
Any updates on when we can expect OGC comments? With the rule scheduled for publication this month, we really need to revise the rule based on CMS comments and move to HHS asap. Any help would be appreciated.
Thanks,

Annette M. Brewer 



410-786-6580 /

(b)(6)

ADS on Mondays

From: Farrell, Caroline (HHS/OGC)

Sent: Friday, November 2, 2018 3:26 PM

To: CMS Coordination_Regs_OSORA <Coordination_Regs_OSORA@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: RE: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

OGC is still working on this review and should be able to provide comments next week. Please check in early next week if you want a more specific update.

Caroline L. Farrell

Attorney

Office of the General Counsel, CMS Division

United States Department of Health and Human Services

(202) 708 - 9735

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From: CMS Coordination_Regs_OSORA

Sent: Friday, November 2, 2018 2:35 PM

To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Popp, Dawn (HHS/OGC) <Dawn.Popp@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: FW: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Note to OGC: Clearance for CMS-2413-F was due on Tuesday, October 30, 2018. We are still pending clearance/comments from OGC. Please provide us with an update as soon as possible.

Thanks

From: CMS Coordination_Regs_OSORA

Sent: Wednesday, October 31, 2018 9:53 AM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Reminder: Clearances are overdue!! Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

Good Morning,

This is a friendly reminder that the clearance for CMS-2413-F are now overdue. Clearances were due October 30, 2018. Thank you.

From: CMS Coordination_Regs_OSORA

Sent: Tuesday, October 23, 2018 5:06 PM

To: CMS - Reg_Coordinators <Reg_Coordinators@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; CMS OLClearances <OLClearances@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Zhang, Nancy N. (CMS/OSORA) <Nancy.Zhang@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>

Cc: Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>

Subject: Request for Clearance: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-F)

Importance: High

CMS-2413-F: Medicaid Program; Reassignment of Medicaid Provider Claims

Clearance is requested by 5 p.m., Tuesday, October 30, 2018.

REMINDER: This information has not been publicly disclosed and may be privileged and confidential. **It is for internal government use only** and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

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If you have any questions regarding submission of clearances and comments, you may contact Cynthia Lambert-Lawson (x6-1366). Please call **Chris Thompson (X6-4044) for policy related questions.**

This final rule is scheduled for publication on November 30, 2018. Therefore, it is important that we receive all clearances timely. Thank you, in advance, for your prompt response.

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Lynch, Calder \(CMS/OA\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#)
Cc: [Hill, Timothy B. \(CMS/CMCS\)](#); [Gifford, Deidre S. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: PPR NPRM RIA
Date: Thursday, May 31, 2018 10:09:00 AM
Attachments: [RE HHS CLEARANCE COMPLETE OGC comments--Provider Payment Reassignment \(CMS-2413-P\).msg](#)

Hi Calder,

Attached is the e-mail that was sent to OGC/Caroline Farrell yesterday.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Lynch, Calder (CMS/OA)
Sent: Thursday, May 31, 2018 8:54 AM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PPR NPRM RIA

Thanks - Can you share with me?

From: Fan, Kristin A. (CMS/CMCS)
Sent: Thursday, May 31, 2018 8:31 AM
To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>;

Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: Re: PPR NPRM RIA

We tried to reach them via phone and then sent the language yesterday afternoon. I don't think we've heard back.

Sent from my iPhone

On May 31, 2018, at 8:09 AM, Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov> wrote:

(b)(5)

Sent from my iPhone

On May 29, 2018, at 4:35 PM, Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov> wrote:

(b)(5)

From: Lynch, Calder (CMS/OA)

Sent: Tuesday, May 29, 2018 9:11 AM

To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>

Cc: Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: RE: PPR NPRM RIA

(b)(5)

From: Fan, Kristin A. (CMS/CMCS)

Sent: Tuesday, May 29, 2018 9:09 AM

To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>; Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>

Cc: Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: RE: PPR NPRM RIA

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From: Lynch, Calder (CMS/OA)
Sent: Friday, May 25, 2018 3:22 PM
To: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>
Subject: PPR NPRM RIA

(b)(5)

Calder

--

Calder Lynch
Senior Counselor
Office of the Administrator
Centers for Medicare & Medicaid Services (CMS)
Washington, DC 20201
Office: (202) 619-0630

Olin, Jay K. (CMS/OSORA)

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, May 30, 2018 2:19 PM
To: Farrell, Caroline (HHS/OGC)
Cc: Fan, Kristin A. (CMS/CMCS); Freeze, Janet G. (CMS/CMCS); Silanskis, Jeremy D. (CMS/CMCS); Boston, Beverly A. (CMS/CMCS)
Subject: RE: HHS CLEARANCE COMPLETE / OGC comments--Provider Payment Reassignment (CMS-2413-P)

Hi Caroline,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Fultz-Mimms, Trenesha N. (CMS/OSORA)
Sent: Tuesday, May 29, 2018 9:30 AM
To: Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Wilson, Lynette N. (CMS/OSORA) <Lynette.Wilson@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Cavanaugh, Alicia A. (CMS/OSORA) <Alicia.Cavanaugh@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Richmond, Carly M. (CMS/OSORA) <carly.richmond@cms.hhs.gov>; Wickliffe, Jim (CMS/OSORA) <Jim.Wickliffe@cms.hhs.gov>
Subject: HHS CLEARANCE COMPLETE / OGC comments--Provider Payment Reassignment (CMS-2413-P)

Hello All-
As of today, HHS clearance is complete.

Comments: OGC (attached)

Thanks,
Trenesha

From: Brooks, Gaysha M. (CMS/OSORA)
Sent: Tuesday, May 15, 2018 2:35 PM
To: Shelton, Carrie A (HHS/IOS) <Carrie.Shelton@HHS.GOV>; Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Wilson, Lynette N. (CMS/OSORA) <Lynette.Wilson@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS 2413-P)— CLEARANCE REQUEST

Action Requested: We have attached a redline-strikeout markup and a revised document for HHS and OMB clearance. We wish to display this rule by June 22, 2018. We are requesting HHS and OMB comments by

Friday, May 25th. **This is pre-decisional information and distribution should be limited to only those staff who must review and clear it.**

Summary of Changes: We received comments from ACL, ASL, ASPE, OGC, and the May 3rd OMB passback. We have addressed the comments and have incorporated them in the revised document, as indicated in the attached redline-strikeout markup. Comments requiring responses are outlined in the attached document.

Thank you for your help in expediting the publication of this proposed rule.

Attachments:

--Master FR Document

--Redline/Strikeout Markup

--Responses to Comments that Required Further Explanation or Did Not Require Changes to the Rule

From: [Mack, Rosa \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Freeze, Janet G. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#)
Subject: RE: Provider NPRM/Examples Fact Sheets
Date: Thursday, June 21, 2018 10:02:47 AM
Attachments: [PRR Fact Sheet 6-21-18 RM.DOCX](#)

Thanks Chris for sending the preamble and the other information! I took a first crack at drafting the fact sheet, but I need you all to review and make sure it makes sense, etc. before I share it with Tim and Deidre.

Let me know if you have any questions. Thanks!

From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 20, 2018 12:45 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Subject: Re: Provider NPRM/Examples Fact Sheets

+Kristin

On Jun 20, 2018, at 10:35 AM, Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov> wrote:

Chris: as we discussed, we are going to now have a press release for this rollout and possibly a fact sheet. Attached are a few examples of fact sheets we have issued in the past. If you all can send me a few bullet points and maybe the preamble to the nprm, I can try to take a first crack at the fact sheet (unless you all have the bandwidth to work on it).

Thanks!

Rosa Mack
Office of the Center Director (OCD)
The Centers for Medicaid & CHIP Services (CMCS)
O:410.786.4824 | C: (b)(6)
[<image003.jpg>](#)

<parity final rule fact sheet.docx>
<home health fact sheet final 1-27-16.docx>
<drugs fact sheet 1-20-16.docx>
<90 10 fact sheet 12-03-15.docx>

Page 560 redacted for the following reason:

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From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Mack, Rosa \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Cc: [Freeze, Janet G. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#)
Subject: RE: Provider NPRM/Examples Fact Sheets
Date: Thursday, June 21, 2018 2:08:00 PM
Attachments: [PRR Fact Sheet 6-21-18 RM \(003\).docx](#)

Hi Rosa,

Thank you for putting this together! I had a few minor edits. Please see the attached document.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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Fax: (410) 786-8533

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: *This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.*

From: Mack, Rosa (CMS/CMCS)
Sent: Thursday, June 21, 2018 10:03 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Subject: RE: Provider NPRM/Examples Fact Sheets

Thanks Chris for sending the preamble and the other information! I took a first crack at drafting the fact sheet, but I need you all to review and make sure it makes sense, etc. before I share it with Tim and Deidre.

Let me know if you have any questions. Thanks!

From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 20, 2018 12:45 PM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

Subject: Re: Provider NPRM/Examples Fact Sheets

+Kristin

On Jun 20, 2018, at 10:35 AM, Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov> wrote:

Chris: as we discussed, we are going to now have a press release for this rollout and possibly a fact sheet. Attached are a few examples of fact sheets we have issued in the past. If you all can send me a few bullet points and maybe the preamble to the nprm, I can try to take a first crack at the fact sheet (unless you all have the bandwidth to work on it).

Thanks!

Rosa Mack

Office of the Center Director (OCD)

The Centers for Medicaid & CHIP Services (CMCS)

O:410.786.4824 | C: (b)(6)

[<image003.jpg>](#)

<parity final rule fact sheet.docx>

<home health fact sheet final 1-27-16.docx>

<drugs fact sheet 1-20-16.docx>

<90 10 fact sheet 12-03-15.docx>

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Page 567 redacted for the following reason:

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From: [Brown, Sharon J. \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: Re: Provider NPRM/Examples Fact Sheets
Date: Wednesday, June 20, 2018 2:52:15 PM
Attachments: [RevisedFact SheetandQandAs11142013.docx](#)
[OS Briefing Paper for CMS-2249-P2 08-26-2013fmg edits.docx](#)
[CMS 2249-F and 2296-F Regulation Action Memo to the Secretary 8-26-2013fmg edits.doc](#)

Attached is the fact sheet I created for our provision, as well as the OS Briefing Paper and Regulation Action Memo for the overall rule, just in case they're useful.

Sharon Brown | Administrative Claiming Team, Division of Reimbursement and State Financing | Financial Management Group
| Centers for Medicare & Medicaid Services | ☎: 410-456-7790 | ✉: sharon.brown@cms.hhs.gov

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, June 20, 2018 2:19:46 PM
To: Brown, Sharon J. (CMS/CMCS)
Subject: FW: Provider NPRM/Examples Fact Sheets

Hey Sharon,

Did we do a fact sheet when we implemented 447.10(g)(4)?

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 20, 2018 10:35 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Cc: Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>

Subject: Provider NPRM/Examples Fact Sheets

Chris: as we discussed, we are going to now have a press release for this rollout and possibly a fact sheet. Attached are a few examples of fact sheets we have issued in the past. If you all can send me a few bullet points and maybe the preamble to the nprm, I can try to take a first crack at the fact sheet (unless you all have the bandwidth to work on it).

Thanks!

Rosa Mack

Office of the Center Director (OCD)

The Centers for Medicaid & CHIP Services (CMCS)

📞:410.786.4824 | 📠: (b)(6)

🐦 @MedicaidGov

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Page 576 redacted for the following reason:

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Page 577 redacted for the following reason:

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From: [Poisal, Kathryn J. \(CMS/CMCS\)](#)
To: [Kayala, Dianne E.\(CMS/CMCS\)](#); [Lollar, Ralph F. \(CMS/CMCS\)](#); [Blackfield, Anne \(CMS/CMCS\)](#); [Failla, George P. \(CMS/CMCS\)](#); [Sciulli, Margherita R. \(CMS/CMCS\)](#); [Cantwell, Kenya J. \(CMS/CMCS\)](#); [Jensen, Kirsten \(CMS/CMCS\)](#); [Kirchner, Nancy \(CMS/CMCS\)](#)
Cc: [Harris, Melissa L. \(CMS/CMCS\)](#); [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)
Date: Tuesday, June 5, 2018 12:59:38 PM
Attachments: [OHCDs Medicaid Letter 1.pdf](#)

Attached is a SMD letter on this subject from December 1993.

Also, because it wasn't apparent to me in this e-mail chain, I wanted to make sure everyone knows that an OHCDs can also be for services that are not self-directed (not just for self-directed services).

From: Kayala, Dianne E.(CMS/CMCS)
Sent: Tuesday, June 5, 2018 12:00 PM
To: Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Sorry, I finished below

Dianne Kayala, MS
Division of Long Term Services and Supports
Office: 410-786-3417

From: Lollar, Ralph F. (CMS/CMCS)
Sent: Tuesday, June 5, 2018 11:48 AM
To: Kayala, Dianne E.(CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>; Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Dianne, is there something missing here?

Ralph

From: Kayala, Dianne E.(CMS/CMCS)
Sent: Tuesday, June 5, 2018 11:46 AM
To: Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g) (3)

(b)(5)

Dianne Kayala, MS
Division of Long Term Services and Supports
Office: 410-786-3417

From: Blackfield, Anne (CMS/CMCS)
Sent: Tuesday, June 5, 2018 11:16 AM
To: Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Kayala, Dianne E.(CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g) (3)

(b)(5)

From: Lollar, Ralph F. (CMS/CMCS)
Sent: Monday, June 4, 2018 5:38 PM
To: Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Kayala, Dianne E. (CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Looping in Kirsten, Nancy and Kenya because Chris' question also has implications for the 1915(j).

Ralph

From: Failla, George P. (CMS/CMCS)
Sent: Monday, June 4, 2018 5:25 PM
To: Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Kayala, Dianne E. (CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: FW: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Adding Marge, Dianne and Ralph

George

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, June 4, 2018 5:20 PM
To: Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>
Subject: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Hello all,

(b)(5)

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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DEC 20 1993

Dear State Medicaid Director:

From the inception of the home and community-based services waiver program, States have used waivers to test innovative methods of service delivery and payment. Particularly with regard to waivers for the mentally retarded/developmentally disabled, many States established systems under which single providers (usually case managers) subcontracted with providers of other waiver services and were paid by the State for furnishing the entire "package" of care to an individual. However, this rendered the waivers vulnerable to problems with the statutory requirements of free choice of provider, direct payment and provider agreement.

Recently, the Medicaid Bureau has employed the concept of the organized health care delivery system (OHCDS) as a solution to the direct payment problem in certain waivers. An OHCDS is defined at 42 CFR 447.10(b) as, "...a public or private organization for delivering health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization." Since there is no constricting background or history to this provision, it is open to interpretations broad enough to apply to systems which are not prepaid organizations.

Several States have proposed to expand this concept to other service arrangements under the regular Medicaid plan. As we have stipulated in the enclosed paper, the requirements for OHCDS which we have applied to waiver providers must be extended to the provision of the OHCDS services under the plan, i.e., the system must provide at least one service directly (utilizing its own employees, rather than contractors), and all other requirements of title XIX must be maintained. Where contracting is involved, the applicable requirements of 42 CFR 434 and 45 CFR must be met. As with all Medicaid services, those provided by an OHCDS must be furnished by individuals or entities which meet all provider requirements under the State's plan. Absent a section 1915(b) or (c) waiver, we do not believe this authority permits payment for services not otherwise included under the State's Medicaid plan. Recipient free choice of providers would be retained in its present form.

EXT-18-3010-B-000582

CMS02533

Enclosed is a paper detailing our position on the concept and applicability of OHCDs relative to the Medicaid program. We believe that this arrangement will allow you the opportunity for greater innovation and flexibility and be consistent with the Administration's health care initiatives.

Sally K. Richardson

Enclosure

CC:

Ms. Lee Partridge, APWA

Mr. Carl Volpe, NGA

Ms. Joy Wilson, NCSL

FME-41:MARY CLARKSON 64650

Stored:MCDIRLET HCBW #30 pc/wp

Final:11/30/93 alemon 6-4608

EXT-18-3010-B-000583

CMS02534

Provider/Payment
Under Medicaid Home and Community-Based Services Waivers
and State Plan Services

We have received several memoranda and questions concerning the options available to States in making payment for services provided under Medicaid home and community based services waivers, and for services furnished under State plans. We have also been made aware of reports written by consultants concerning this subject. However, we have found the material included in some of these reports to be misleading and of questionable accuracy. Therefore, we are providing the following guidance, since we believe that the issue warrants a full discussion.

Section 1902(a)(27) of the Social Security Act requires a provider agreement between the Medicaid agency and each provider furnishing services under the plan. This requirement is applicable to all Medicaid services, whether provided under the authority of the State plan or under a home and community-based services waiver. It must be met for Federal financial participation (FFP) to become available.

Section 1902(a)(32) of the Act requires that, with certain exceptions which are not germane to this discussion, Medicaid make payment directly to the providers of services.

Section 1902(a)(23) of the Act requires that an individual have free choice of all qualified providers. To be considered "qualified," an individual or entity must meet the applicable provider qualifications set forth in either the State plan or waiver. These qualifications must be considered reasonable by HCFA. We consider qualifications to be reasonable when they are directly related to the demands of the Medicaid service to be furnished. Absent specific statutory relief, the requirements for free choice of provider must be met.

The home and community based services waiver authority is contained in sections 1915(c) and (d) of the Social Security Act. Under these sections, States may be permitted to provide services not otherwise available through their Medicaid plans as an alternative to institutional care in a hospital, nursing facility, or intermediate care facility for the mentally retarded. Sections 1915(c) and (d) also provide the specific authority for the Secretary to waive certain provisions of the Act: section 1902(a)(1), regarding statewide availability of

EXT-18-3010-B-000584
March 2013

services; section 1902(a)(10)(B), regarding comparability of services; and section 1902(a)(10)(C)(i)(III), which contains eligibility provisions. However, the waiver law does not furnish the authority to waive other portions of the Social Security Act. These other sections include the requirements for free choice of providers (section 1902(a)(23) of the Act), provider agreement (section 1902(a)(27) of the Act), and the requirement that the Medicaid agency make payments directly to the provider of services (section 1902(a)(32) of the Act). Therefore, absent specific authority contained elsewhere in the Act, these mandates must be met.

However, these requirements do not prohibit a State from paying for subcontracted services in all cases. Nor do they necessarily prevent a State from utilizing an intermediate entity in paying for waiver services. We have identified the following methods by which the requirements for free choice, provider agreement and direct payment may be met.

TRADITIONAL METHOD:

Each provider furnishes the service directly. The provider may be an individual, a partnership, or an agency or corporation which furnishes services utilizing its own employees. Each provider meets the State's qualifications (as set forth in the plan or waiver) for service provision.

Each provider has a provider agreement with the Medicaid agency. (Other entities, such as case managers, Area Agencies on Aging, Departments of Developmental Disabilities, may be co-signatories to this agreement. Their involvement is optional with the State. What is necessary is that Medicaid and the provider sign the same agreement.)

Each individual has free choice of the providers of each service. Any provider, qualified to furnish a particular service (either under the State plan or the waiver), who undertakes to do so, is given the opportunity to provide services.

A provider of a service which has several components (e.g. home health care, clinic services) may contract with another individual or entity for the provision of a component part of the service. However, it is the provider who is held responsible for the provision of the service in toto, and each

component of the service (whether furnished directly by the provider, or by someone else under contract to the provider) must meet the applicable standards set for by the Medicaid agency for the provision of that component of care.

Medicaid either pays the provider directly, using its own staff and computer systems, or utilizes a fiscal agent which meets all Federal requirements for fiscal agency. If the State uses a fiscal agent, all MMIS requirements are also met.

REASSIGNMENT TO A GOVERNMENTAL AGENCY:

The authority for this alternative is found at section 1902(a)(32)(B) of the Act, and 42 CFR 447.10(e). Providers may reassign their rights to Medicaid payment to a governmental agency.

This reassignment must be voluntary. The State cannot mandate reassignment. Moreover, the State must make provision for direct payment of claims submitted by providers who do not choose to reassign their rights. In addition, the State may not make such reassignment a provider qualification (because reassignment is not related to the provision of the Medicaid-funded service), and the State may not restrict an individual's choice of provider to those who have reassigned claims to a governmental agency.

Multiple reassignments are possible (e.g., provider reassigns to the County Mental Retardation agency, which reassigns to the State Mental Retardation agency). However, each entity to which reassignment is made (this does not include the actual provider) must be an agency of State or local government and each reassignment must be voluntary.

A provider who has voluntarily chosen to reassign claims to a governmental agency must be free to cancel the arrangement. The provider must have a provider agreement with the Medicaid agency. (Other entities, such as case managers, Area Agencies on Aging and Departments of Developmental Disabilities, may be co-signatories to this agreement. Their involvement is optional with the State. What is necessary is that Medicaid and the provider sign the same agreement.)

EX-8300-8400586

CMS02537

FISCAL AGENCY

When services are provided under a home and community based services waiver, the State may find it reasonable to have a payment and tracking system which is separate from that used for State plan services. When an entity other than Medicaid is to perform the actual processing of provider claims, a fiscal agency contract should be executed. In this situation, Medicaid, acting through contract or interagency agreement, designates a separate agency or entity as a limited fiscal agent. "Limited" means that the agency or entity will only process waiver claims. The servicing Regional Office must approve any sole source contracts that are utilized.

The provider submits bills, which are then paid by this intermediate agency or entity (acting in its capacity of fiscal agent), utilizing an MMIS system. However, since the operation of a limited fiscal agent is actually a "sub-system" of the MMIS, FFP may be available at the 75 percent rate.

If upgrades are necessary to enable the limited fiscal agent's computer system to be brought on-line with the rest of the State's MMIS system, FFP may be available at the 90 percent rate for these upgrades, if they are found necessary (in advance) by the servicing Regional Office. Therefore, States considering this option should work closely with their Regional Office to ensure agreement on the nature and extent of the computer upgrades to be installed.

The limited fiscal agent may, if necessary, contract out part of its work (e.g., the actual printing of checks) to another agency or entity. All contractors and subcontractors must meet the requirements of 42 CFR Part 434, as well as those more generic requirements in 45 CFR which pertain to Medicaid contracts. As in the arrangements discussed above, the provider would have a provider agreement with the Medicaid agency. This may be a three or more party agreement, so long as the Medicaid provider agreement wording is included and the Medicaid agency and the provider sign the same agreement.

ORGANIZED HEALTH CARE DELIVERY SYSTEMS

Section 1902(a)(32) of the Act requires that the Medicaid agency make payment directly to the provider of a covered service furnished to an eligible individual. Regulations at 42 CFR Part 447 establish the rules for such payment. Section 447.10(g)(4) recognizes an organized health care delivery system as an entity to which Medicaid payment can properly be made. Regulations at 42 CFR 447.10(b) define organized health care delivery systems.

To be recognized as an organized health care delivery system, we believe that the entity must first be a system, at least one component of which is organized for the purpose of delivering health care. (There may be other components with other missions, such as education or food distribution, but there must be an identifiable component devoted to the delivery of health care.) To meet this test, we further believe that the entity must furnish at least one Medicaid-covered waiver or State plan service itself. The entity may, of course, furnish more than one service, covered by Medicaid. In the case of an entity which furnishes more than one service directly (i.e., through its own employees), those individuals who actually furnish each service must meet the State's minimum qualifications for its provision. The provision of one Medicaid service does not automatically qualify the entity to provide any other service. The entity may provide other services only if the entity separately meets the provider qualifications set by the State for the other services. Thus, a clinic may furnish both physical therapy and dental services, when it employs qualified staff to provide each service, and meets all other requirements under the waiver or the plan.

An organized health care delivery system is not, however, limited to furnishing services through its own employees. So long as the entity continues to furnish at least one service itself, it may contract with other qualified providers to furnish Medicaid covered services. When services are furnished under contract, the specific requirements of 42 CFR 434 apply and must be met, as must the more general requirements of 45 CFR. This includes the rules for prepaid capitated payment, where the State has elected this form of compensation.

If the organized health care delivery system is a health maintenance organization or prepaid capitated plan, individuals are enrolled with the system, and receive services from the system, its employees and contractors. However, when there is no prepaid enrollment, individuals may not be restricted to providers within the organized health care delivery system, but must remain free to choose the provider(s) of each Medicaid service they receive. Thus, an individual may choose to receive physician services from Dr. Jones, physical therapy under a waiver from ABC Health Systems, and dental services from DEF Dental Systems, even though ABC Health Systems includes a clinic which furnishes dental care as well as physical therapy.

A State which chooses to utilize organized health care delivery systems to implement its waiver program or part of its State plan may not require that a provider be a part of such a system. Further, qualifications of providers must always be reasonably related to the service to be furnished. However, because it is the system itself which acts as a Medicaid provider, it is not necessary for each subcontractor of an organized health care delivery system to sign a provider agreement with the Medicaid agency. The system must have such an agreement and is responsible for ensuring that services it furnishes are provided in accordance with Medicaid law and regulations - including the minimum educational/professional standards for service provision.

FME-41:MARY CLARKSON 64650

Stored:MCRMEMO HCBW #25 pc/wp

Final:04/13/93 alemon 6-4608, 11/30/93

EXT-18-3010-B-000589

CMS02540

From: [Blackfield, Anne \(CMS/CMCS\)](#)
To: [Lollar, Ralph F. \(CMS/CMCS\)](#); [Failla, George P. \(CMS/CMCS\)](#); [Sciulli, Margherita R. \(CMS/CMCS\)](#); [Kayala, Dianne E. \(CMS/CMCS\)](#); [Cantwell, Kenya J. \(CMS/CMCS\)](#); [Jensen, Kirsten \(CMS/CMCS\)](#); [Kirchner, Nancy \(CMS/CMCS\)](#)
Cc: [Poisal, Kathryn J. \(CMS/CMCS\)](#); [Harris, Melissa L. \(CMS/CMCS\)](#); [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)
Date: Tuesday, June 5, 2018 11:16:28 AM
Attachments: [447.10 legislative history.docx](#)
[447.10 Feb 1978 43 FR 8801.pdf](#)

(b)(5)

From: Lollar, Ralph F. (CMS/CMCS)
Sent: Monday, June 4, 2018 5:38 PM
To: Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Kayala, Dianne E. (CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Looping in Kirsten, Nancy and Kenya because Chris' question also has implications for the 1915(j).

Ralph

From: Failla, George P. (CMS/CMCS)
Sent: Monday, June 4, 2018 5:25 PM
To: Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Sciulli, Margherita R. (CMS/CMCS) <Margherita.Sciulli@cms.hhs.gov>; Kayala, Dianne E. (CMS/CMCS) <Dianne.Kayala@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Blackfield, Anne (CMS/CMCS) <Anne.Blackfield@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: FW: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Adding Marge, Dianne and Ralph

George

From: Thompson, Christopher C. (CMS/CMCS)

Sent: Monday, June 4, 2018 5:20 PM

To: Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Failla, George P. (CMS/CMCS) <George.Failla@cms.hhs.gov>

Subject: Provider Reimbursement Reassignment NPRM and the possible rescission of 447.10(g)(3)

Hello all,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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search Triangle Park, N.C. 27711
telephone 919-541-5271.

SUPPLEMENTARY INFORMATION: This action is being taken in accordance with the requirements of 1 CFR 21.43 and is authorized under section 301(a) of the Clean Air Act, as amended, 42 U.S.C. 7601(a). Because the amendments are clerical in nature and affect no substantive rights or requirements, the Administrator finds it unnecessary to propose and invite public comment.

Dated: February 24, 1978.

DOUGLAS M. COSTLE,
Administrator.

Parts 60 and 61 of Chapter I, Title 40 of the Code of Federal Regulations are revised as follows:

1. The authority citation following the table of sections in Part 60 is revised to read as follows:

AUTHORITY: Sec. 111, 301(a) of the Clean Air Act as amended (42 U.S.C. 7411, 7601(a)), unless otherwise noted.

§§ 60.10 and 60.24 [Amended]

2. Following §§ 60.10 and 60.24(g) the following authority citation is added:

(Sec. 116 of the Clean Air Act as amended (42 U.S.C. 7416)).

§§ 60.7, 60.8, 60.9, 60.11, 60.13, 60.45, 60.46, 60.53, 60.54, 60.63, 60.64, 60.73, 60.74, 60.84, 60.85, 60.93, 60.105, 60.106, 60.113, 60.123, 60.133, 60.144, 60.153, 60.154, 60.165, 60.166, 60.175, 60.176, 60.185, 60.186, 60.194, 60.195, 60.203, 60.204, 60.213, 60.214, 60.223, 60.224, 60.233, 60.234, 60.243, 60.244, 60.253, 60.254, 60.264, 60.265, 60.266, 60.273, 60.274, 60.275, and Appendices A, B, C, and D [Amended]

3. The following authority citation is added to the above sections and appendices:

(Sec. 114, Clean Air Act as amended (42 U.S.C. 7414)).

4. The authority citation following the table of sections in part 61 is revised to read as follows:

AUTHORITY: Sec. 112, 301(a) of the Clean Air Act as amended (42 U.S.C. 7412, 7601(a)), unless otherwise noted.

§ 61.16 [Amended]

5. Following § 61.16, the following authority citation is added:

(Sec. 116, Clean Air Act as amended (42 U.S.C. 7416)).

§§ 61.09, 61.10, 61.12, 61.13, 61.14, 61.15, 61.24, 61.33, 61.34, 61.43, 61.44, 61.53, 61.54, 61.55, 61.67, 61.68, 61.69, 61.70, 61.71, and Appendices A and B [Amended]

5. The following authority citation is added to the above sections and appendices:

(Sec. 114 of the Clean Air Act as amended (42 U.S.C. 7414)).

[FR Doc. 78-5347 Filed 3-2-78; 8:45 am]

[6820-24]

Title 41—Public Contracts and Property Management

CHAPTER 101—FEDERAL PROPERTY MANAGEMENT REGULATIONS

SUBCHAPTER E—SUPPLY AND PROCUREMENT

[FPMR Amendment E-216]

PART 101-25—GENERAL

Energy Conservation Policy

AGENCY: General Services Administration.

ACTION: Final rule.

SUMMARY: Pursuant to the provisions of section 381(a)(1) of Pub. L. 94-163, Energy Policy and Conservation Act, this directive amends GSA regulations to include an energy policy statement. This directive takes the necessary action to comply with the public law by providing a basis for the promulgation of future directives with respect to energy conservation in supply management.

EFFECTIVE DATE: March 3, 1978.

FOR FURTHER INFORMATION CONTACT:

Mr. John I. Tait, Director, Regulations and Management Control Division, Office of the Executive Director, Federal Supply Service, General Services Administration, Washington, D.C. 20406, 703-557-1914.

The table of contents for Part 101-25 is amended by revising the following entry:

Sec.
101-25.112 Energy conservation policy.

Subpart 101-25.1—General Policies

Section 101-25.112 is revised as follows:

§ 101-25.112 Energy conservation policy.

(a) Agency officials responsible for procurement, management, and disposal of personal property and non-personal services shall ensure that pertinent procurement and property management documents reflect the policy set forth in (b), below, which has been established pursuant to Pub. L. 94-163, Energy Policy and Conservation Act.

(b) With respect to the procurement or lease of personal property or non-personal services, which in operation consume energy or contribute to the conservation of energy, executive agencies shall promote energy conservation and energy efficiency by being responsive to the energy efficiency and/or conservation standards or goals prescribed by the U.S. Government.

(Sec. 205(c), 63 Stat. 390; 40 U.S.C. 486(c)).

NOTE:—The General Services Administration has determined that this document does not contain a major proposal requiring preparation of an Inflation Impact State-

ment under Executive Order 11821 and OMB Circular A-107.

Dated: February 16, 1978.

JAY SOLOMON,
Administrator of
General Services.

[FR Doc. 78-5579 Filed 3-2-78; 8:45 am]

[4110-35]

Title 42—Public Health

CHAPTER IV—HEALTH CARE FI- NANCING ADMINISTRATION, DE- PARTMENT OF HEALTH, EDUCA- TION, AND WELFARE

PART 449—SERVICES AND PAYMENT IN MEDICAL ASSISTANCE PRO- GRAMS

Prohibition Against Reassignment of Provider Claims

AGENCY: Health Care Financing Administration (HCFA), HEW.

ACTION: Final rule.

SUMMARY: This is a technical change in existing Medicaid regulations which prohibit reassignment of claims for payment by Medicaid providers. It: (1) Expands the prohibition to cover all providers, (2) allows reassignments to government agencies and reassignments under court orders, and (3) adds a restriction on payment to billing services. These changes are required by Pub. L. 95-142, enacted October 25, 1977, and are intended to prevent fraudulent claims.

DATE: Effective October 25, 1977.

FOR FURTHER INFORMATION CONTACT:

Estelle Seldowitz, 202-245-0233.

SUPPLEMENTARY INFORMATION: Current regulations for the Medicaid program (Title XIX, Social Security Act) prohibit reassignments and use of factors by health care providers other than those reimbursed on a reasonable cost basis (42 CFR 449.31). Section 2(a)(3) of Pub. L. 95-142, the Medicare-Medicaid Anti-Fraud and Abuse Amendments, amended section 1902(a)(32) of the Act to expand this prohibition to all providers.

The current requirements also prohibit a power of attorney arrangement under which the check is payable to the provider, but cashed by a factor. Pub. L. 95-142 now incorporates a power of attorney prohibition. However, the statute allows reassignments to government agencies and reassignments resulting from court orders as an exception to this requirement.

The existing regulation also specifies that provider payments for billing services must be reasonably related to the

cost of processing the billings, and not related on a percentage basis to the dollar amounts to be billed or collected. The statute broadens this rule by adding that "compensation . . . is not dependent upon the actual collection of any such payment."

Accordingly, the regulation is revised to: (1) Expand the prohibition against reassignment to all providers, (2) allow power of attorney arrangements with respect to government agencies and court orders, and (3) incorporate the new restriction on payments for billing services.

States are expected to enforce this regulation by taking appropriate administrative action against those providers who continue to use factors.

The Department has found that good cause exists for dispensing with notice and opportunity for public comment, since this regulation only makes technical changes, required by the statute, to existing regulations.

These provisions are effective by law on the date of enactment, October 25, 1977. However, the Department recognizes the need to allow States lead time to amend their State plans and revise administrative procedures, and has had a long-standing policy of setting effective dates with this need in mind. Therefore, States will have until 90 days after publication of these regulations to submit plan amendments. During that period the State Medicaid agencies are expected to comply with these statutory amendments, but the Department will not take any compliance actions under section 1904 of the Act which would otherwise apply.

These prohibitions against factoring are already in effect under the Medicare program as well, by virtue of the amendments to Title XVIII made by sections 2(a) (1) and (2) of Pub. L. 95-142. The Medicare amendments also became effective on the date of enactment, October 25, 1977. Although the statute is in effect, the Department plans to issue a Notice of Proposed Rulemaking that will propose additional administrative enforcement procedures for public comment.

42 CFR 449.31 is revised to read as follows:

§ 449.31 Prohibition against reassignment of claims to benefits.

(a) *Meaning of terms.* For purposes of this section:

(1) "Facility" is a hospital or other institution which furnishes health care services to inpatients.

(2) "Organized health care delivery system" is a public or private organization for delivering health services. The system may include, but is not limited to, a clinic or a group practice prepaid capitation plan.

(3) "Factor" is an organization, i.e., collection agency or service bureau, which, or an individual who, advances

money to a provider for his accounts receivable which the provider has assigned or sold, or otherwise transferred, including transfer through the use of power of attorney, to this organization or individual. The organization or individual receives an added fee or a deduction of a portion of the face value of the accounts receivable in return for the advanced money. For purposes of this regulation, the term "factor" does not include business representatives, such as billing agents or accounting firms as described in paragraph (e) of this section.

(b) *State plan requirements.* A State plan for medical assistance under title XIX of the Social Security Act must provide that the requirements of paragraph (c) through (g) of this section are met.

(c) *To whom payment is made.* Except as specified in paragraphs (d), (e), and (f), no payment under the State plan for any care or service furnished to an individual by a health care provider shall be made to anyone other than that individual (if he is eligible to receive this payment under § 449.32 of this chapter) or the provider.

(d) *Assignments.* Payment may be made in accordance with an assignment from the provider to a government agency or an assignment made pursuant to a court order.

(e) *Business agents.* Payment may be made to a business agent (such as a billing service or accounting firm) who renders statements and receives payments in the name of the provider, if the agent's compensation for this service is:

(1) Reasonably related to the cost of processing the billings,

(2) Not related on a percentage or other basis to the dollar amounts to be billed or collected, and

(3) Not dependent upon the actual collection of payment.

(f) *Individual practitioners.* With respect to physicians, dentists, or other individual practitioners, payment may be made:

(1) To the employer of the physician, dentist, or other practitioner if the practitioner is required as a condition of his employment to turn over his fees to his employer; or

(2) To the facility in which the care or service was provided, if there is a contractual arrangement between the practitioner and that facility whereby the facility submits the claim for reimbursement; or

(3) To a foundation, plan, or similar organization, including a health maintenance organization, which furnishes health care through an organized health care delivery system if there is a contractual arrangement between the organization and the person furnishing the service under which the organization bills or receives payments for such person's services.

(g) *Payment to factors specifically prohibited.* Payment under the plan for any care or service furnished to an individual by a provider shall not be made to or through a factor, either directly, or by virtue of a power of attorney given by the provider to the factor.

(Sec. 1102, 49 Stat. 647 (42 U.S.C. 1302).)

(Catalog of Federal Domestic Assistance Program No. 13.714, Medical Assistance Program.)

NOTE.—The Health Care Financing Administration has determined that this document does not require preparation of an economic impact statement under Executive Order 11821, as amended by Executive Order 11949, and OMB Circular A-107.

Dated: January 26, 1978.

ROBERT A. DERZON,
Administrator, Health Care
Financing Administration.

Approved: February 25, 1978.

JOSEPH A. CALIFANO, Jr.,
Secretary.

[FR Doc. 78-5680 Filed 3-2-78; 8:45 am]

[4110-35]

**PART 450—ADMINISTRATION OF
MEDICAL ASSISTANCE PROGRAMS**

**Reasonable Cost Reimbursement of
Inpatient Hospital Services**

AGENCY: Health Care Financing Administration (HCFA), HEW.

ACTION: Final rule.

SUMMARY: This rule revises and clarifies current rules and adds new requirements for State payment methods for inpatient hospital services under State Medicaid programs (medical assistance, title XIX of the Social Security Act). State agencies, hospitals, and other interested parties have raised questions about use of Medicare and other methods, and about public review of proposed changes in State payments. The rule clarifies Federal criteria requiring States to provide for public and provider involvement.

EFFECTIVE DATE: June 1, 1978.

FOR FURTHER INFORMATION
CONTACT:

Joseph E. Dougherty, 202-245-0048.

SUPPLEMENTARY INFORMATION: Notice of proposed rule making (NPRM) was published on September 3, 1976 (41 FR 37341). The purposes of the proposed rule were to clarify the current regulation on reasonable cost reimbursement of inpatient hospital services under Medicaid, and, where State payment methods differ from those used under Medicare, to add new conditions of approval.

The purpose and effect of the current Medicaid regulations (42 CFR

February 1978 - 43 Fed. Reg. 8801

Prior to September 1978, 42 CFR 447.10 was 42 CFR 449.31(f)

Pre-September 1978 version:

(f) Individual practitioners. With respect to physicians, dentists, or other individual practitioners, payment may be made:

(1) To the employer of the physician, dentist, or other practitioner if the practitioner is required as a condition of his employment to turn over his fees to his employer; or

(2) To the facility in which the care or service was provided, if there is a contractual arrangement between the practitioner and that facility whereby the facility submits the claim for reimbursement; or

(3) To a foundation, plan, or similar organization, including a health maintenance organization, which furnishes health care through an organized health care delivery system if there is a contractual arrangement between the organization and the person furnishing the service under which the organization bills or receives payments for such person's services.

September 1978 - 43 FR 45253

HCFA performed major regulatory reorganization in 1978. What had been 42 CFR 449.31 becomes 42 CFR 447.10. 447.10(g) is listed among the regulations as having undergone some "editorial changes" but is substantially similar.

September 1978 version of 447.10(g)

(g) Individual practitioners - payment may be made to-

(1) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over fees to the employer;

(2) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or

(3) A foundation, plan or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.

1981- 46 FR 42672

A new (g)(1) was added, adding a rule about laboratory billing. The other provisions are renumbered.

1981 version

(g)(1) A physician who bills for outside laboratory services that the physician orders and pays for, but that he or she did not personally perform or supervise, or which were not performed or supervised by another physician with whom he or she shares a practice.

(2) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over his fees to the employer;

(3) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or

(4) A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.

1996 - 61 FR 38398

In 1996, (g)(1) about laboratory services was removed, and (g)(2)-(g)(4) were renumbered (becoming (g)(1)-(g)(3)).

1996 version

(g)(1) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over his fees to the employer;

(2) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or

(3) A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.

2012 – 77 FR 29028

As part of a widespread nomenclature change, the word “recipient” is replaced with “beneficiary” in regulations. 447.10 is affected, but not 447.10(g) specifically.

2012 version – no change

2014 – 79 FR 3039

(g)(4) added

2014 version

(g)Individual practitioners. Payment may be made to -

(1) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over his fees to the employer;

(2) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or

(3) A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.

(4) In the case of a class of practitioners for which the Medicaid program is the primary source of service revenue, payment may be made to a third party on behalf of the individual

practitioner for benefits such as health insurance, skills training and other benefits customary for employees.

From: [Farrell, Caroline \(HHS/OGC\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: RE: PRR - RIA *** \$1 -160 million range ***
Date: Monday, June 11, 2018 3:34:47 PM
Attachments: [447.10 regulatory impact analysis.docx](#)

Chris,

(b)(5)

Caroline L. Farrell
Attorney
Office of the General Counsel, CMS Division
United States Department of Health and Human Services
(202) 708 - 9735

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From: Thompson, Christopher C. (CMS/CMCS)
Sent: Monday, June 11, 2018 1:58 PM
To: Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>
Subject: PRR - RIA *** \$1 -160 million range ***
Importance: High

Hi Caroline,

I wanted to run the following language by you. If you and Kelly have no issue with this language, I would like to put the NPRM back into clearance:

(b)(5)

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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Page 599 redacted for the following reason:

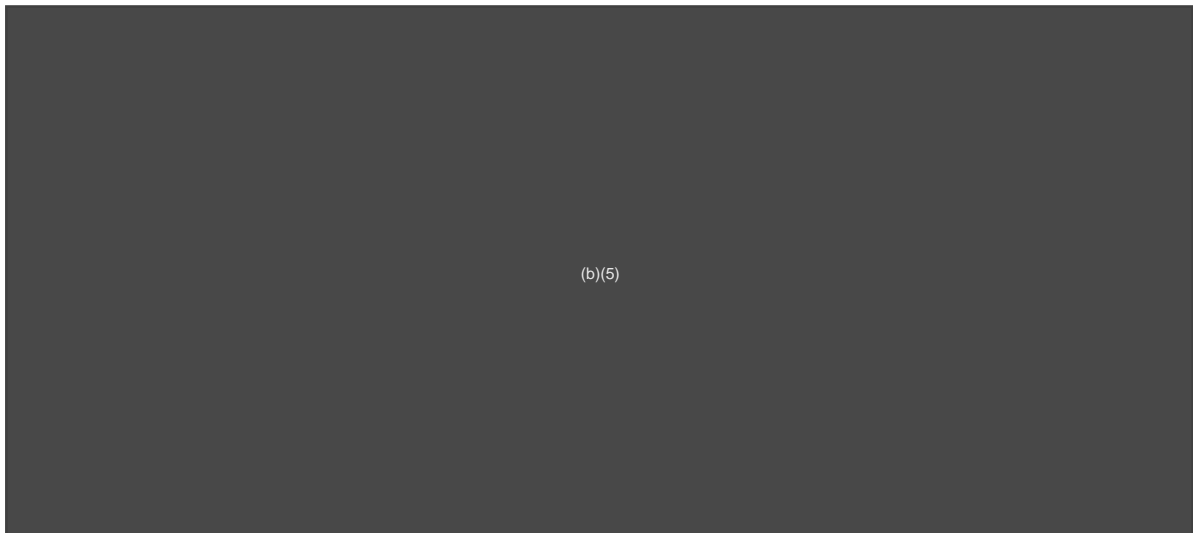
(b)(5)

From: [Ihrig, Jocelyn B. \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Johns, Hamilton J. \(CMS/CMCS\)](#); [Lyles, Tia \(CMS/CMCS\)](#); [Mikow, Asher S. \(CMS/CMCS\)](#); [Sabir, Jeremiah A. \(CMS/CMCS\)](#); [Brown, Sharon J. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: PRR Assignments *** Uniques and Mail-ins
Date: Wednesday, August 29, 2018 3:27:58 PM
Attachments: [Copy of CMS-2018-0090 - final-revised.xlsx](#)

Comment report with comments in the body of Excel.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, August 29, 2018 2:18 PM
To: Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Assignments *** Uniques and Mail-ins

I wanted to circle back to the team to make certain everyone is on the same page as far as our directive coming out of the clearance meeting. Please see the list below:



I know some folks on the team routinely dial into the clearance meeting. Going forward, all of us should dial into the meeting to make certain everyone is on the same page as far as our directive from OCD.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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Mobile: (b)(6)
Fax: (410) 786-8533

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From: Thompson, Christopher C. (CMS/CMCS)
Sent: Tuesday, August 28, 2018 5:44 PM
To: Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <tia.lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jeremiah.Sabir@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Assignments *** Uniques and Mail-ins

Please see the below assignments for the comments within the Uniques and the Mail-in Tabs:

	Uniques Tab	Mail-ins
Jocelyn	Comments within Rows 1 - 299	Comments within Rows 1 - 59
Jeremiah	Comments within Rows 300 - 599	Comments within Rows 60 - 119
Sharon	Comments within Rows 600 - 899	Comments within Rows 120 -179
Asher	Comments within Rows 900 - 1199	Comments within Rows 180 - 239
Tia	Comments within Rows 1200 - 1499	Comments within Rows 240 -299
Hamilton	Comments within Rows 1500 - 1799	Comments within Rows 300 -361
Chris	Comments within Rows 1800 - 1900	

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
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From: Thompson, Christopher C. (CMS/CMCS)
Sent: Tuesday, August 28, 2018 9:17 AM
To: Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <tia.lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jeremiah.Sabir@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Assignments

Please see the updated [Comment Tracking Log Instructions](#) to understand the process of saving comments that include attachments.

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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From: Thompson, Christopher C. (CMS/CMCS)

Sent: Friday, August 24, 2018 4:46 PM

To: Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <tia.lyles@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Sabir, Jeremiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>

Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: PRR Assignments

Importance: High

Hello All,

(b)(5)

Please let me know if you have any questions or concerns regarding this approach.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
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July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0002	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0003	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0004	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0005	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0006	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0007	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0008	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0009	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0010	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0011	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0012	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0013	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0014	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0015	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0016	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0017	CMS_F
July 12, 2018	Posted	July 16, 2018	CMS-2018-0090-0018	CMS_F
July 13, 2018	Posted	July 16, 2018	CMS-2018-0090-0019	CMS_F
July 16, 2018	Posted	July 17, 2018	CMS-2018-0090-0021	CMS-20
July 17, 2018	Posted	July 18, 2018	CMS-2018-0090-0411	CMS-20
July 17, 2018	Posted	July 18, 2018	CMS-2018-0090-0419	CMS-20
July 17, 2018	Posted	July 24, 2018	CMS-2018-0090-0519	CMS-20
July 17, 2018	Posted	July 25, 2018	CMS-2018-0090-0596	CMS-20
July 17, 2018	Posted	July 25, 2018	CMS-2018-0090-0637	CMS-20
July 18, 2018	Posted	July 25, 2018	CMS-2018-0090-0751	CMS-20
July 18, 2018	Posted	July 25, 2018	CMS-2018-0090-0786	CMS-20
July 18, 2018	Posted	July 25, 2018	CMS-2018-0090-0810	CMS-20
July 18, 2018	Posted	July 25, 2018	CMS-2018-0090-0857	CMS-20
July 18, 2018	Posted	July 25, 2018	CMS-2018-0090-0881	CMS-20
July 19, 2018	Posted	July 25, 2018	CMS-2018-0090-0941	CMS-20
July 19, 2018	Posted	July 25, 2018	CMS-2018-0090-0981	CMS-20
July 19, 2018	Posted	July 25, 2018	CMS-2018-0090-0993	CMS-20
July 19, 2018	Posted	July 25, 2018	CMS-2018-0090-1275	CMS-20
July 20, 2018	Posted	July 25, 2018	CMS-2018-0090-1340	CMS-20
July 20, 2018	Posted	July 25, 2018	CMS-2018-0090-1388	CMS-20
July 20, 2018	Posted	July 25, 2018	CMS-2018-0090-1402	CMS-20
July 21, 2018	Posted	July 25, 2018	CMS-2018-0090-1423	CMS-20
July 21, 2018	Posted	July 25, 2018	CMS-2018-0090-1449	CMS-20
July 22, 2018	Posted	July 25, 2018	CMS-2018-0090-1479	CMS-20
July 22, 2018	Posted	July 25, 2018	CMS-2018-0090-1503	CMS-20
July 23, 2018	Posted	July 25, 2018	CMS-2018-0090-1531	CMS-20
July 23, 2018	Posted	July 25, 2018	CMS-2018-0090-1535	CMS-20
July 24, 2018	Posted	July 25, 2018	CMS-2018-0090-1564	CMS-20
July 24, 2018	Posted	July 25, 2018	CMS-2018-0090-1569	CMS-20
July 24, 2018	Posted	July 25, 2018	CMS-2018-0090-1570	CMS-20
July 25, 2018	Posted	July 25, 2018	CMS-2018-0090-1597	CMS-20

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August 21, 2018	Posted	August 21, 2018	CMS-2018-0090-7162	CMS-2018-0090 CA, 91977	N/A
August 21, 2018	Posted	August 21, 2018	CMS-2018-0090-7163	CMS-2018-0090 DC, 20515	Congre
August 21, 2018	Posted	August 21, 2018	CMS-2018-0090-7164	CMS-2018-0090 DC, 20510	Congre
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August 21, 2018	Posted	August 21, 2018	CMS-2018-0090-7166	CMS-2018-0090 DC, 20510	Congre
August 21, 2018	Posted	August 21, 2018	CMS-2018-0090-7167	CMS-2018-0090 DC, 20036	Nterna

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Page 10 of 10

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Page 10 of 10

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General Comment

NFIB comments in response to "Medicaid Program: Reassignment of Medicaid Provider Claims," CMS-2413-P, are Agree with payments made without deviations only beneficial for the insurance companies.

I agree with the proposed rule.
I am a Rheumatologist, with private practice in Puerto Rico. Some of the Advantages There should be restrictions to ensure that children's funds are used for kids only.

We need justice for the people of Puerto Rico. Healthcare is at its worse, and we as United States of America citizens

I consider that is not fair that money destined to pay the medical attention to patients must and should be only for

Gracias , espero q esto se justicia para nosotras los mdicos,ya no aguantomos ms atropellos de los planes advanta

Somos un proveedor de Servicios de Radiologia de la region de Caguas, el cual le ofrece servicios a pacientes de A

I agree with this proposed rule.
Medicaid providers must be paid directly and cannot have part of their payment

I hope that the regulations controls the irregular use of funds.

Great! Resources should go to patients and care providers. Not to other purposes.

Agree with the Rule proposed

Definitely agree proposed regulation.
Costs of medical practice keep rising at an accelerated rate versus reimbur

I am a Medical Doctor with Specialty in Psychiatry. I practice in Florida
in three clinics for the same company.

Ya es tiempo de q seamos compensados por nuestro trabajo y q las aseguradoras compensen al MD. Como es de

Physicians in Puerto Rico work under very difficult conditions. There are very limited resources, a lot of poverty, a

that very important in PR the insurance company use the money and cut all fees to health providers, also to the p

Excellent position!!

State governments must stop taking \$250 million from Medicaid, Child Care & Development Fund, and TANF

Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P, because it i

Department of Health and Human Services,
Dear Department of Human Services,

I am w

See attached file(s)

This proposed change will have a severe impact for more than 24,000 elderly and individuals with disabilities curre

Department of Health and Human Services,
I am writing in support of proposal # CMS-2413-P, because I feel

Department of Health and Human Services,
Good evening-

I a, truly confused by and his new propo

Home care workers do a difficult, often dangerous, and very necessary job for low pay. They are a very vulnerable

The Ethan Allen Institute welcomes the proposed rule. In Vermont, the legislature (Act 48 of 2013) authorized a "p

Hi I am a resident of kern county (bakersfield,calif.) and have been told by a few people at different location's that

Comment

Department of Health and Human Services,
Date: July 18, 2018

RE: OPPOSE PROPOSAL # CMS-241

END the skimming of union dues.
State governments are skimming union dues! They take \$250 million from I

Instead of outright removing the exception, why not just reword it so that it fits the statute?
Section 1902(a)(

More Medicaid Monies for Vermont Home Care Workers
The rights and benefits accompanying public sector

CMS should assure that the designated funds for the providers be for the providers, otherwise those funds are in

This is just ridiculous and should be changed immediately. Does this mean the caregivers are entitled to all "publi

Home healthcare workers should be able to have their union dues deducted from their paycheck, just like millions

Department of Health and Human Services,
I'm writing to object to proposal # CMS-2413-P and the devastat

I am an IHSS provider for my disabled (b)(6) In January 2018 I was so happy to sign up for UDW Group Health Ins

It is vital to home health care workers that paying union dues and encouraging unions be continued. Don't throw

We don't need to take any money away from medicaid, seeing as those being cared for and caring for already hav

I oppose this regulation because it will weaken the collective bargaining power of unions. This regulation will mak

The proposed rule preventing union dues from being deducted from home care workers paychecks (when the car

The government must eliminate states ability to divert part of Medicaid payments from providers to third parties

I strongly support the proposed regulatory change. No money should be skimmed from a Medicaid payment befo

July 24, 2018
The Honorable Alex M. Azar II
Secretary,
U.S. Department of Health and Human Service

Please find attached the Comments of ROGER D. KLEIN, JD, MD from the FEDERALIST SOCIETY'S REGULATORY TRA

As a practicing physician and surgeon in Puerto Rico I thank CMS for recognizing the gravity of the issue at hand. I My Name is Julie Dupr, my position was as an administrator for the campaign to decertify the SEIU as it pertained Good measure. The funds for patient services should be used for that purpose alone.

Date: July 16, 2018
RE: OPPOSE PROPOSAL # CMS-2413-P
TO: Centers for Medicare & Medicaid Services
Couldnt agree more with this proposed rule. One of the many reason physicians are leaving our island is because
See Attached

See Attached

This move by CMS would do justice to the PR medical class, which has suffered enough and is presently massively As per the Federalist Papers is a requirement of justice that the products of labor go to those whose toils and trou This regulation, CMS-2413-P, is intended to strip union protections from already low waged healthcare employees. The changes proposed to CMS-2413-P will be harmful to workers and consumers, some of the most vulnerable po I am deeply troubled by this proposed change (cms-2413-p), which is a barely disguised assault on unions and the HHS, CMS-2413-P directly threatens the livelihood of many hard-working Americans who provide necessary c I am a provider of Medicare / Medicaid for the last 25 years. I would like to let you know that the beneficiarie Re: CMS-2413-P I am writing to urge you to keep the 2014 addendum or clarification in the Medicaid provisio Stripping home care workers of their right to voluntarily avail themselves of union representation would be thoro I am writing to voice my displeasure with the Trump administration's attempt to amend "Medicaid Program: Reas I oppose the proposed rule on Medicaid Program: Reassignment of Medicaid Provider Claims. It is an unnecessary What is this country coming to? People have the right to choose. Have we lost all our rights in America. CMS This proposed rule change through CMS will effectively strips workers of the right to join and support a union. Uni I am commenting on CMS-2413-P. Please block this rule change. It will undermine security and protection for Care workers choose to join a union and make the choice to pay union dues. Union dues are deducted once wage: This would be a terrible rule. I beg of you to reconsider and to think about the human cost this would hold.

Department of Health and Human Services, I write in vigorous opposition to the proposed procedural change Re: CMS-2413-P Dear CMS and DHHS, I oppose the proposed rule change, because it would harm th This is a needless attack on the rights of caregivers. I urge this rule to be rejected in strongest possible terms.

I am writing in opposition to the proposed CMS changes that would eliminate compensation to third party suppor Regarding: CMS-2413-P This is a terrible plan. It undermines the rights of home care workers at a time when I oppose your rule change proposal, unless changed to allow continued deduction of union dues. It is important to The recent Supreme Court ruling stripping unions of the ability to collect agency fee was rationalized on the groun The proposed regulatory change (CMS-2413-P) is not needed. It will undermine both the living standards of home

I write because I would urge you to block the proposed rule change, CMS-2413-P, which will undermine Via electronic submission Centers for Medicare & Medicaid Services Department of Health and Hum CMS 2413-P RE: Request for Extension of Comment Period for Notice of Proposed Rulemaking, RIN 0938-AT6 Regarding CMS-2413-P For many years---more than a decade---I worked with and assisted homecare workers To skim dues from an already struggling and underfunded program is disgusting to say the least. Wouldn't oversig Department of Health and Human Services, This is a blatant attack/attempt by anti-worker organizations and I am deeply concerned that this rule change will endanger elders and other vulnerable populations who are serve As our population ages, well-qualified home care workers will be increasingly hard to find -- currently there is a sh I help take care of my child. I dont want to be apart of a union. I dont need their services and I am in favor of the r I am writing on behalf of Hand in Hand: The Domestic Employers Network in opposition to proposal # CMS-2413-P this comment is in support of CMS proposal number CMS-2413-P which prevents the state from skimming union c I opted out of the union because I was tired of being told who to vote for and having money I worked my backside I am writing in opposition to the The Centers for Medicare Medicaid Services (CMS) Proposed Rule: Medicaid Prog This comment is about rule 2413B. There should be no alterations that in effect, make it very difficult for wor My Union, SEIU 1199, fights for my rights for a measly amount each month. By disenfranchising the union you Health insurance Advantage program are not paying what they should be.

I am writing to oppose rule change CMS-2413-P. This rule change would make it very difficult for workers, elders, Thanks CMS !! We as doctors are financing the medical business in Puerto Rico. We won't tolerate it any more. He This rule will be extremely useful in Puerto Rico because many intermediaries including insurance companies benefit. We gladly welcome this proposed rule of reassignment of provider claims. It is a fact that many of the local Medicaid providers are struggling. At last CMS propose a measure that does justice to the medical class

This is a much needed regulation in order to keep doctors in island and make justice to them

We are caregivers for our (b)(6) who is on Medicaid. The union SEIU775NW has told us that we were required to pay. Certainly, this measure is an advance to justice for the medical class and other health providers, since, if approved

I strongly oppose this proposed rule change. In no way will it improve either the effectiveness or efficiency of home care

I wish to oppose the rule CMS-2413-P. It will roll back protections gained for some of the most important and underserved

I am writing to oppose CMS-2413-P, which aims to repeal the clarification in policy that allows home health care workers to be paid

I write in opposition to the proposed rule change CMS-2413-P. The proposed change is clearly narrowly focused on home care

Please keep fighting for people who care for their sick or disabled family members in their own homes ...
fight

Federal Medicaid law requires that states make payments for services directly and in full to the providers serving Medicaid

I have been trying to opt out of the S.E.I.U. 503 union for three years or more....when I started working for the state of Oregon

I am a Homecare Worker that serves Medicaid clients in Oregon. My dealings with the SEIU union regarding the proposed rule change

See attached file(s)

The American Legislative Exchange Council (ALEC), the nation's largest voluntary membership organization of state legislators

See attached file(s)

I entirely agree with Proposal ER-0001-2430. It is time to give some kind of support to providers' rights in Puerto Rico

ALEC Action, the 501(c)4 affiliate of the American Legislative Exchange Council, respectfully requests the Department of Health Services

Regarding CMS-2413-P, I am concerned that the proposed rule change will undermine the ability of health care workers to be paid

CMS number: CMS-2413-P
I opposed the suggested rule change that would remove the 2014 clarification text regarding the

I am a home care aide paid through Medicaid funding. I have been and continue to be highly opposed to SEIU forcing home care workers

States, including Nebraska, enter into a serious fiscal arrangement with the federal government through their participation in the

See attached file(s)

In order to decrease the exodus of physicians from Puerto Rico, we need regulations like this one. Advantage Medicaid is a

I am a caregiver for a Medicaid client. Before the current ruling SEIU 775 was very difficult about acknowledging the value of home care

The Rio Grande Foundation is a 501(c)3 not-for-profit organization based in Albuquerque, New Mexico. Our mission is to support the health and

See attached file(s)

I support proposal CMS-2413-P.
I am a Caregiver/Parent Provider for a Medicaid client.
SEIU actually, frauds the workers

I am commenting on file code CMS-2413-P. I OPPOSE the repeal/removal of the clause (added in 2014) stating that the rule change is an

Excellent measure. It is important for physicians be reimbursed justly.
In the past it has been unfair for physicians to be paid less than

I am writing in support proposal number CMS-2413-P. I have been a caregiver for my adult disabled daughter for 15 years. I am

I'm an IP in Olympia who opted out of SEIU. A few months ago, I received a communication alerting IPs that we were being asked to

We write in support of the proposed rule to remove the regulatory text at 42 CFR 447.10(g)(4). Given the explosive growth of home care

Thank you for the opportunity to comment on CMS's proposed changes to the Reassignment of Medicaid Provider Payments

Re: CMS-2413-P
I am writing in support of the proposed removal of the regulatory exception at 447.10(g)(4), which states that

The Centers for Medicare and Medicaid Services (CMS) recently proposed rule (CMS-2413-P) is a much-needed rule to ensure that

This rule is an outrageous overreach by the administration with political intent to strip low-wage home care workers of their

See attached file(s)

See attached file(s)

I'm an interventional nephrologist, in my practice reimbursement for different procedures are all over the place.
I am

I am upset that I've been changed from Humana to your agency. I went out of my way and advised Medicaid that I would not

do not pass this - it is detrimental to workers in unions - it is just another way to hurt our workers and take away their

I strongly oppose the proposed rule change (CMS 241-P), It is unnecessary, will result in no financial savings, and it will hurt

As a committed to my patients' provider, I will expect to be paid according to services provided and without holding back

Medicaid funds should be prioritized for care of the truly needy; unfortunately, current practices allow states to re
This program is important to me because it allows me to be live in my home and be cared for by my (b)(6)
I am a current caregiver of a Medicaid client and I support this proposal.

I am a caregiver for my (b)(6) which is a Medicaid client. When I first started providing care for my (b)(6) I went to the
I am caregiver for a Medicaid client. I personally do not want to pay union dues and I don't want to be pressured in
My name is Chelsea and I'm an Individual Provider for a Medicaid client. I am part of the SEIU 775 group. I unders
I fully support the efforts that are being made to stop the union from automatically getting union dues from the m
I want to let you know that I heartily support Proposal #CMS-2413-P. I do not think that the state should be in the
See attached file(s)

I am a IP caregiver for a Medicaid client who is a 100% disabled. When I began as an IP caregiver The SEIU775 beg
In regards to file code CMS-2413-P:
The Alabama Policy Institute, a non-profit educational organization in Bir
Please do not undermine home care workers and their unions. An American should not have to be a corporate bil
Homecare workers deserve a living wage!!

(File attached)
The Honorable Alex Azar II
Secretary
U.S. Department of Health & Human Service
In Massachusetts, Personal Care Attendants (PCAs) are required to attend a paid 3-hour orientation to the PCA Pr
See Attached

I am a caregiver of personal care to a Medicaid client. I support the proposed repeal of the 2014 regulation and I
Caregiving for the elderly or the disabled is hard work that is necessary and needs to be supported. Do not destroy
See Attached

See Attached

I am a caregiver for personal care services for a Medicaid client. I support the repeal of the 2014 regulations and I
I am parent caregiver for my adult disabled (b)(6) who is a Medicaid client. i have been forced to sit through multipl
See Attached

See Attached

I have been a care provider for a Medicaid client (my daughter) for 12 years. Early during her care State of WA cas
I support caregivers and Unions. I was an RN for over 45 years and have fought and picketed for unions and with u
As our population ages, we need more home-care workers, and they need respectable wages and benefits to ensu
Department of Health and Human Services,
We love you Trump. Build that wall and make America great aga
DO NOT allow the Trump administration to take away union rights for home health care workers. We need home
I support home care workers and their choice to be union members and strongly oppose proposal #CMS-2413-P.
Please don't do this, you are purposefully harming both recipients of services and their caregivers. Thus, killing pe
I support workers and unions, and our government should, too.

I feel that everyone has a choice and the unions have helped homecare workers keep updated on things of this pr
Please stop union dues skimming so America's Care Givers aren't negatively impacted. Thank you

Please STOP union dues skimming by leftist union bosses! It's wrong and illegal and needs to be stopped Now!

Stop this union theft. This is exactly why I have no use for unions.

Stop government union dues on America Care Givers!

Get the unions out of the pockets of working people.

Stop the greedy swamp

Please help stop Unions from skimming dues from health care providers!

Please support President Trump and stop Obama-era regulation. It is not right that union steal dues by skimming
PLEASE stop the skimming off of our health care workers pay.Thanks

stop union thievery of the big bosses from taking money from the small people doing care giving. Just one more e
Stop the skimming and prosecute the participants of this practice.

Quit your stealing and all your schemes to steal and defraud home health care provider

No one working in or for the Gov. should be in a Union. Stop Gov. Union's from robbing America's Care Givers.

PLEASE STOP THE GOVERNMENT SUPPORT OF THESE UNION PRACTICES.

It is pure thievery taking these ill gotten funds from these caretakers. Which is totally against the LAW. Have you
 For far too long unions have been sucking money from Americans. Having had management experience, I have w
 Please Stop Union bosses from stealing Myself and all of the other Health Care worker's money
 Stop union officials skimming from members' dues!
 Please stop the unions from taking money from the actual care givers. It is a scam and the unions are again stealin
 Please end the skimming of union dues. In fact, please end all unions of government workers.
 Unions need to stop robbing America's care givers.
 Get the unions out of health care worker's pocketbook!
 Government employees unions are by definition illegal since they are aimed at their employer i.e. the people.
 PLEASE ENTER YOUR COMMENT HERE stop robbing American care givers by the crooked unions
 Not only are unions taking money from disability caregivers, but in Oregon care givers are sometimes going for m
 Please stop Government Unions from robbing from Americas Care Givers, AND from scamming the American taxp
 Please support America's Caregivers. Stop Government Unions.
 Please stop robbing America's Caregivers. This is an outrage!
 PLEASE Stop unions from forcing non-union members to pay union dues that are only used to enrich union bosses
 Please Pres. Trump stop union bosses from skimming medicaid money from home health care providers. The corr
 I am a Caregiver for my (b)(6) a Medicaid client.
A year ago at my training to be a provider, an SEIU 775 represe
 I support the right of caregivers to choose to join a union in order to negotiate for fair wages and benefits. I oppo
 I very much agree with this proposal from cms.
 Let us have our moment, let us unite in 1, let us have what you have today. We are important like any other pers
 See attached file.
 I support home care workers and their right to choose to join together in a Union for a stronger voice in providing
 I oppose any action by extremist organizations and the Trump administration that would deny the rights of caregiv
 Keep the Union working strong.
 As a medical provider I want CMS to regulate how the Insurance Companies that are participants of the Advantag
 Re: Comment in Support of the Centers for Medicare & Medicaid Services Notice of Proposed Rulemaking Re
 DSHS: I stand with caregivers! Who do you think are taking care of the disabled and elderly? State facilities cann
 The civility of any society can be directly measured against how well it treats its hurting, weakened, and often de
 I am a caregiver for a Medicaid client with disabilities and I support the reversal of the 2014 regulation and a clear
 State Senator Al DeKruif, Retired (MN)
24102 Greenland Road
Madison Lake, MN 56063
Re: Commer
 Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P. This propo
 (b)(6)
Re: Comment in Support of the Cent
 Third parties should not be funded either directly or indirectly with Medicaid funds. The role of Medicaid should b
 I oppose CMS-2413-P
I am proud to be a Union member. Because of my Union I got better wages and benefit
 The reasons that I stand with my union is the following:
I have a voice and I am being heard by my employer a
 Hi , my name is Rhonda Parker, I'm on the bargaining team for my union. I prefer that the union is able to take du
 I Oppose to CMS-2413-P. I'm currently in the Bargaining Team 2018 but I've been a caregiver for 6 years and the U
 I am (b)(6) years and have been a caregiver since I was 16 years old. I earned less than \$4 an hour with no benefits i
 Please do not remove the regulatory text that allows a state to make payments to third parties on behalf of an inc
 Dear Mr. President,
The Home Health Care Providers across the nation provide a vital service to those they ca
 Please see the attached PDF for comments submitted by the California Collaborative for Long Term Services and S
 Keep our union strong
 See attached file(s)
 See Attached
 See attached
 Please see the attached Comment Letter from the County of Santa Clara.
 Stop this corruption by Government unions.

PLEASE ENTER YOUR COMMENT HERE: Stop the skimming of union dues from payments via Medicaid to providers
 Stop robbing from hard working care givers. This is so unethical.
 stop skimming
 I am stunned at the these union scumbags with their blatant actions. They should be ashamed. This needs to be s
 I urge you to put an end to union dues skimming! Stop this thievery at once!
 PLEASE stop skimming dues immediately.
 I just have three words for you fat cat union bosses who would perpetrate this disgusting money grab from the du
 Stop Union skimming and Obamas nightmare . EASE ENTER YOUR COMMENT HERE
 I want to urge you to stand with President Trump by stopping skimming of union dues for family health caregivers
 Home care workers get very little pay for the work that they do. They should not have to pay union dues. The SE
 Skimming by unions is just another way for unauthorized and unwanted money
transfers which the SCOTUS re
 Stop this criminal acts by unions now, this is robbing people who can't afford to be robbed. This is a sick practice
 I can't believe that Unions, who already rob members of money each month, via dues, are also stealing money fro
 Stop union bosses from stealing from our healthcare workers.
 Please help stop dues skimming by Union leaders! American workers deserve better and deserve your support in
 STOP THESE CRIMINALS AND THE BUREAUCRATS THAT ENABLE THESE CRIMES AND REGULATIONS NOW
 Agreed, more flexibility.
 PLEASE please stopNTER YOUR COMMENT HERE
 Please stop the unions from robbing care givers.
We need all the money that we earn, not giving it to the Un
 Its time to stop union dues skimming! Please take action now!
Thank you!
 The Unions were needed once but now have destroyed companies for decades. They demand so much money the
 Please stop Unions from skimming Union dues to help the Left!
 Please stop the skimming of medical funds paying providers. This is just another corrupt game our officials line the
 Instead of helping those who are helping families care for their loved ones, union fat cats are taking chunks of the
 The Supreme Court has ruled against unions stealing money from people, now it's time to start enforcing it.
 AS a nurse, I am disgusted that Government Unions are taking this money from America's care givers. This is suc
 I ask you to support President Trump and STOP DUES SKIMMING IMMEDIATELY. Thank you.
 Reverse Obama's union give away and let health care givers keep more of their own money. Stop Union skimming
 When are you going to start protecting our elderly voters?
 Stop skimming. People with power can be so cruel, greedy and unethical!
 Please stop union dues skimming. It is not right and it is past time to stop this practice.
 PLEASE ENTER YOUR COMMENT HERE. This is a very sad law that allows healthcare workers to have money take
 Support caregivers. Do not pass this regulation.
 Get rid of the obama stealing Union deal !
 Stop Unions from stealing from hard working people. PLEASE ENTER YOUR COMMENT HERE
 Stop obama health care union stealing money deal !!!
 STOP Payroll Theft
Fight (Dis)Organized Crime
ABOLISH the IRS
 Instead of helping those who are helping families care for their loved ones, these union fat cats are taking chunks
 Stop unions from taking money from care givers. Stop Obama's regulations!!
Congress DO YOUR JOB!
 PLEASE ENTER YOUR COMMENT HERE
Time to end such blatant thievery
 This is outrageous to take money from people who work hard for there money!
 Please stop the practice of unions requiring payment from health care workers which they then spend for causes
 Hello,
Please stop dues skimming immediately.

Thank you,
Elaine Schuler</p>
 This is not right or American!
 Stand with President Trump and stop unions from skimming money from care givers.
 Please stop Union fat cats from robbing money that is supposed to be going to care givers! NOW!
 Must STOP the Government Unions from Stealing and Robbing America's Care Givers!!

Stop robbing American care givers
 characters ENTER COMMENT HERE

PLEASE ENTER YOUR COMMENT HERE
Shameful. Stealing money from government benefits to line their own

Be advised to stop skimming funds from the people who need it most. Your salary is sufficient,stop your illegal act

I strongly urge you to stand with President Trump to stop this crooked Obama-era dues skimming regulation.

Please stop Government Unions from robbing America's care givers. These union bosses are already making six fi

Having cared for my (b)(6) for a few months before she died, I know this heartbreak. It is hard, stressful, unrele

Please do what is necessary to stop dues skimming by all powerful unions. Thank you. PLEASE ENTER YOUR CO

Stop the skimming. The skimees did not asked to be skimmed by the skimmors. Stop the skimming.

What else would you want from a parasite. PLEASE ENTER YOUR COMMENT HERE

Stop government unions from robbing America's care givers by their union dues skimming.Stand with President T

Please put an end to union bosses stealing dues from healthcare workers to line their pockets with. Really, is there

PLEASE ENTER YOUR COMMENT HERESTop roping people off!

Labor unions should not be allowed to collect dues from employees who do not want to belong. If labor union pr

Union boss skimming hurts everyone. Put an end to it!

Get rid of everything Obama did worst president and administration ever.

Health workers are nice people. Show a little compassion for them too! They don't deserve to be fleeced by unio

Stop Gov. Unions from robbing America's Care Givers!
Leftist union bosses are stealing money from the peopl

Government Unions have got to stop "robbing" America's care givers.

Please stand with President Trump and stop this crooked Obama-era regulation. Government union dues are robb

According to public reports. Government union administrator's are taking money, that belongs to medical care se

Stop Skimming off caregivers Medicaid for Union Dues

Please stand with President Trump to stop the unions from skimming union dues from home health care provider

Stop taking money from the hands of the caregivers. How can you justify union representation of individuals who

It has come to my attention that some unions are skimming Medicaid money and keeping it for themselves. Pleas

We need term limits for every politician at every level. They are robbing us blind.

It is obscene to charge families caring for their loved ones UNION DUES for this unpaid service. These families give

Stop Gov. Unions from robbing America's Care Givers! This is not right

PLEASE SUPPORT THE PRESIDENT!

Stop union fat cats from stealing from low wage caregivers!

I have recently heard that Unions are taking Medicaid funds from healthcare workers.
That sounds like the ri

Stop the unions from ripping people off!

I am writing to ask you to stand with President Trump and stop the misguided Obama-era regulation which allows

Really, does it ever end?? Can the government stop making regulations that hurt normal, everyday people? Pleas

HAVE BEEN INFORMED THAT UNIONS ARE SKIMMING MONIES FROM HEALTH CARE PROVIDERS. i VERY MUCH PR

Do all you can to reduce regulation and let working people keep more of their money for their families.

Please do all you can to get rid of the individual mandate from the Not So Affordable Care Act.

My name is (b)(6) I am an IP and have been for almost 14 years now working with a medicade client. And

This is beyond comprehension! This administration wants to break-up all unions, which will lower wages, etc. It a

I work as a caregiver for Los Angeles County. I contacted union (SEIU 2015) years ago regarding union due deducti

i support seiu local 775 workers

john alder
seiu local 6

PLEASE reverse many of these regulations that allow some of these schemes to steal money from hard working A

We need to put a stop to these thug union thieves.

MONEY BETTER SPENT ON THE NEEDY THAN THE UNION RATS!

Please stop helping the unions from making the money grabs from the people to support the Democratic party!

I highly urge to rein in government unions.

Leftist union bosses are making six figure salaries and are stealing money from the people who are taking care of t

Stop the Union Mafia from basically stealing money from these hard working care providers, by taking money from

PLEASE ENTER YOUR COMMENT HERE stop robbing America's care givers, we all know unions were good at one time

PLEASE STOP THE UNIONS FROM DUES SKIMMING

Please, make it illegal for unions to take money from home health workers. People who really need home health care

Please stand with President Trump in stopping unions from robbing care givers.

Why would you let this happen??

Please stop government unions from taking care givers money. It is not right!

Please stop this process where the government unions can take money from health care providers. In addition the leftist union bosses are stealing money from home health care providers, Instead of helping those who are helping

UDW abuses their power. I didn't even know I had signed into UDW until it was too late. Then they made it impossible

Gentlemen:
Now is the time to STOP the UNIONS from skimming
"DUES" out of America care givers!!!

Stop dues skimming from home health care providers!

Stop the abuse of government union officials from this sickening practice.

This illegal practice must stop. Please take action to correct this now.

PLEASE ENTER YOUR COMMENT HERE Union leaders are corrupt and basically thugs . They serve no purpose any more

This looks like SWAMP action to me. We need to make more regulations, Mr. Trump! Thanks for all you ALL are doing

stop paying big bucks to government unions from robbing United States Of Americas care givers

it's about time to do something about it! ASAP!!!

Stop taking union dues from caregivers who have no desire to join a union!

Stop union officials from robbing Americas health care givers.

PLEASE ENTER YOUR COMMENT HERE Please do the right thing and put an end to this process of allowing union bosses

Is anyone surprised that this 'loophole' was initiated by the ultimate thug? Unions are one of the banes of this country

While I have no real way of sorting valid news from fake news, my instincts tell me that when Democrats get in bed with

Please stop the unions from taking money designed to help those who cannot help themselves.

Something needs to be done.

Stand with Donald Trump and stop the crooked Obama era tactic of union dues skimming. You continue this you are

Please STOP these union officials from taking these large amounts that are supposed to be for the AMERICA'S CARE GIVERS

Another Obama screw the people decision. Stop Unions from robbing America's Care Givers!

Please vote for more individual freedom, not compulsion...

It is time to stop greed and corruption in the home health care sector.

Stop Government Unions from stealing America's health care givers!

PLEASE ENTER YOUR COMMENT HERE Care givers need all the support they can get Stop giving unions the right to

Help President Trump stop unions from robbing care givers from their union dues.

Please protect the Medical Care folks from being ripped off.

PLEASE stop government unions from taking money, essentially stealing from those who need it most, the care givers

Please stop unions from taking the hard earned resources of healthcare caregivers. The Obama administration put

Please stop union dues skimming from caregivers

As a senior citizen (Born in 1930) I have seen a lot of changes in the way things are done. The unions have done a lot

Help President Trump stop the unions from skimming the Medicaid money stolen from the health care home care

Union Dues should not be allowed for Political purposes. Often the Political pressures applied by the Unions don't

Please support president Trump to stop government unions from robbing Americas care givers.

Stop the stealing from the health care givers! Reverse Obama care!!!

Everytime we turn around we hear of another political pay back to special interest groups. It's time we stop the leftist

PLEASE ENTER YOUR COMMENT HERE Stop unions from skimming tactics.

Please NOTE this Senior citizen ALARMING problem with Union tactics.

Keep union officials out of workers benefits.

It is wrong that those making a six-figure salary can steal money from those out in the field that can barely make a living

PLEASE stop giving the union money that should go to health care workers . Support our President Trump!!

STOP UNIONS from shimming money from caregivers , HELP Trump Admin clean up thieves and scum that has g

Please stop the skimming of union dues. This Obama regulation needs to go!

Please reverse the Obama-era rule that allows union leaders to collect dues from home health care professionals

Please stop the Union skimming and forced Union Membership!

PLEASE ENTER YOUR COMMENT HERE My bible says THOU SHALT NOT STEAL, our law says you go to jail when you

Please stop union greed.

Home health care providers need your help. Stop the unions from skimming money from them

PLEASE ENTER YOUR COMMENT stop government unions from robbing America's caregivers, dissolve the federal g

Please Stop the Practice of allowing the collection of union dues from Home Healthcare workers, unless they volu

PLEASE ENTER YOUR COMMENT HERE Stop the Gov. Unions for crying out loud, from robbing from the elderly.

Please stop union dues skimming from health care providers!

It's way past time to stop the greedy unions from robbing America's caregivers.

We strongly urge the Department of Health and Human Services to stand with President Trump and stop the egre

stop stealing taxpayer dollars!

please stop home health workers from having to pay union dues if they dont want to.

The Health and Human Services must immediately STOP helping the UNION bosses from stealing from Americas c

Please support the Trump Administrations efforts to cut the skimming of union dues!

Please stop these greedy people from robbing Care Givers.

Stop the skimming of Medicare and Medicaid by Union Officials. PLEASE ENTER YOUR COMMENT HERE

Although South Dakota is not one of 11 states that provides for "dues skim", it would be very detrimental if it wer

I support care givers having a union to help, them receive a living wage and healthcare I'm faciig retirement and e

PLEASE ENTER YOUR COMMENT HERE Stop the union bosses from stealing from care givers!

PLEASE stand with President Trump by stopping the government workers loss of pay by the unions skimming dues

Please support the President in this matter.

NORMAL UNION CROOKS SKIMMING MONEY AS THEY HAVE DONE YEARS.

Unions need to stop being thieves by skimming off Medicaid. More liberal shenanigans to make them richer.

Please stand with President Trump. No more skimming dues to line your pockets. Thank you

We need to be free to work without paying some one to allow us to work. I Not against unions everybody should.

Please stop allowing the union bosses to stop skimming union dues from our health care professionals. Thank you

Union bosses are stealing money from home health care providers!
Instead of helping those who are helping t

Stop the unions from taking money from caregivers.

No one should be "assigned" to a union or forced into union membership by the government, nor should federal r

stop forcing non-union healthcare workers in paying union dues

PLEASE ENTER YOUR enough money for union bosses give caregivers their just wages

PLEASE, you must stop the Government Unions from robbing the health-care workers, whose salaries are low. Th

Please stop the union bosses from pocketing Medicare funds. This is wrong and needs to be stopped

stop gov from skimming union dues

Labor unions were once useful. Not anymore. They are now used as political tools to support the Left Wing agend

Skimming is just not right.

SADLY UNION OFFICIALS HAVVE GOTTEN TOO BIG FOR THEIR BRITCHES. THEY ARE NO BETTER AT WHAT THEY DO,

Collecting union dues from home care providers is totally ridiculous

End Unions from getting any money for anything. They are a crooked organization.

Modern day unions continue to illegally extort \$\$ from hard working American healthcare workers, who no longer

Stop the Medicade Rip-Offs from the aids who are helping those who need their services.

Government Unions need to be abolished for this and many other reasons!

It's time to stop Unions from exploiting their members by taking their Medicaid money and using it for who know

Please take the steps necessary to stop the collection for unions when the health care provider does not want to p

Please, do not make care givers pay union dues. They are underpaid as it is.

I hope you and your staff are having a wonderful day.
It is time to STOP Union bosses from making six-figure salaries.

Please eliminate all UNIONS!

Stop unions from skimming Medicaid.

PLEASE ENTER YOUR COMMENT HERE it's not fair that the unions are collecting dues from home care workers. They are asking you to put an end to union bosses skimming money from dues-paying employees. Their money should be used for the care of the workers. Unions have taken advantage of workers for years and years. It is time to STOP this.

This is not fair.

PLEASE ENTER YOUR COMMENT HERE Need to stop this practice.
PLEASE ENTER YOUR COMMENT HERE

Please end dues skimming from Medicaid checks. Medicaid is sold as a program to help those who cannot take care of themselves. Please stop the unions from dues skimming of the health care workers. Get rid of OBamas crooked regulation.

Stop Gov. Union skimming of our Medicare.

It's time to take action on this!

Please stop unions from collecting dues from health care workers. These workers have a hard time getting enough money to live on.

PLEASE ENTER YOUR COMMENT HERE stop government unions from robbing care takers of

Please stop union dues skimming by highly paid union bosses. The regulation enacted by the Obama administration is unfair.

Stop this union thievery. Stop dues skimming immediately.

PLEASE for once listen to US

Two years ago, a serious illness placed me in a nursing home. If their services are needed again, expectations are high. Make things right, please. Stop Govt Unions

Union bosses are stealing money from home health care providers. Instead of helping those who are helping families, they are taking money. End union practices that take away money for health care in order to fund the unions and the democratic party.

STOP the Unions!!!

PLEASE ENTER YOUR COMMENT HERE. Please take some action and NOT just talk.

Stop government union's skimming money from Medicare and Medicaid

PLEASE ENTER YOUR COMMENT HERE stop robbing Americas care givers.

PLEASE ENTER YOUR COMMENT HERE Stop the unions from stealing money from the workers. You are like the Mafia.

It is long overdue to eliminate the forced union dues taken from home health care providers. No one should be forced to pay union dues. Withholding anything from a person's pay other than federal, state & local taxes is unethical without their consent.

Keep the unions out of our home health care.

Do Not Get rid of Medicaid or Medicare! You will destroy our society and those who most need support. Can you afford to lose them? Stop the unions from robbing the caregivers, end the Obama era regulations about healthcare

Stand with our President and stop union dues skimming!

Stop the government unions from taking money from America's care givers. It is an unfair charge and most are underpaid.

Unions who were once the champion of the working class are now thieves stealing from America's Care Givers. They are taking money from the workers and giving it to themselves. Please stop this thievery and restore true financial accountability. Remove the thugs and place people of sincerity in charge.

PLEASE ENTER YOUR COMMENT HERE This is terrible in our country when people need the care for themselves.

Again I say to you who are responsible for the integrity of our government, would you please act like knowledgeable people?

Please stop letting unions take dues from those who do not wish to participate in their organizations.

Tell the Department of Health and Human Services to have Government Unions stop skimming dues from our home health care workers.

Stop the unions from taking the hard earned money from care givers.

PLEASE ENTER YOUR COMMENT HERE Please stop
 Skimming Union dues immediately.
They should be used for the care of the workers.

This is ridiculous & my wife works for the NEA union.

Please put a stop to Government Union bosses robbing money from funds that would normally go to the Care Givers.

Unions are very important and any attack on them is wrong.

PLEASE ENTER YOUR COMMENT HERE
Have unions quit stealing money by themselves as they have outraged the public.

This has to stop!

PLstop these union dues skimming regulations that have been put in place by Obama now.UR COMMENT HERE

It's time to let people out from the eight ball. Taking money from these people is criminal.

Protect our people.PLEASE ENTER YOUR COMMENT HERE

The unrepresented thievery must stop!

To the Department of Health and Human Services:
Union bosses making six-figure salaries are stealing money

Please stop skimming union dues. Be honest.

MAGA, God speed!

This is a call for honesty!

Stop Gov. Unions from robbing America's Care Givers!
 Communist Obama got and order through that allows

Thank you for checking into the report that the Gov. Unions are scamming the health care providers. Also taking a

Just remember we are close to term limits so How about we all work together on this issue!

Im a nurse and I highly object to what Mr. Obama did. Please reverse this absurd law.

Stop Gov. Unions from robbing Americas Care Givers. These unions to me are an embarrassment stop this.

PLEASE Support President Trump in cleaning up the corruption from union bosses taking money from Medicare.

Be fair, and stop all the union skimming from families in dire need of their Medicare benefits.

Please support the President , stopping the government unions from ripping off the elderly off. They are the ones

Please these crooked people from stealing money from innocent people. Elderly and innocent people truly do de

Government union bosses are stealing money from home care people who are supposed to be using that money t

The Constitution guarantees our freedom. Workers MUST NOT be forced to pay \$\$\$\$ in the form of dues to sup

PLEASE ENTER YOUR COMMENT HERE
STOP GOVT. UNIONA FROM ROBBING CARE GIVERS BY BEING PAID EXP

Please stop the union crooks

Stop the skimming dues from the American people!

Please stop Government Unions from robbing American care givers. We have helped take care of our parents, it is :

Please stop the Government Unions from stealing from American taxpayers.

Stop Government Unions from Dues skimming.

It is a simple common sense decision to remove the hand of unions from the pockets of persons who have not ch

American Citizens,! The people whose voice you are suppose to represent. THINK ABOUT THAT FOR A MINUTE! Yc

PLEASE ENTER YOUR COMMENT HERE:
Stop Gov Unions from robbing America's Care Givers
Stand with P

Stop the thievery!
Unions are not doing anything to benefit Care Givers, they are only enriching themselves b

common sence oversight is needed to keep hard earned money in the pockets of workers versus heavy dipping by

Leftist union bosses are stealing money from home health care providers! Help stop this union thievery. I urge you

Please end the union practice of collecting dues from private caregivers. This is stealing from those most in need,

Please stand with President Trump and stop Union dues skimming from home care providers.

PLEASE ENTER YOUR COMMENT HERE
Stop robbing our care takers with union dues.</p>

Please stop ALL unions from robbing America's real care givers. This is getting tooooooo far out of control.

It is unconscionable to allow unions to loot money from caregivers: this practice should stop.

PLEASE STOP GOV. UNIONS FROM ROBBING AMERICA'S CARE GIVERS. THEY NEED EVERY DOLLAR THEY ARE PAID

Long Live President Trump!

Stop taking money from care givers.....shame on you.

It's about time these corrupt bums we call bureaucrats stopped stealing money from the poor and hardworking p

Please stop union bosses from lining their pockets even more as they rip off people's hard-earned money.

Stop dues skimming, the day will come when you are in need and it won't be there for you. Make a difference in t

It is time the Government Unions stop skimming from law abiding citizens who are trying to help less fortunates!

Union dues at not for lining union boss'a pockets.

Gov't unions should not be allowed.

Stop government Unions from robbing America,s care givers.

Stop union bosses from stealing from home health care workers! Home health is a difficult and underpaid job as it

Home health care workers should not have to pay union dues unless they choose to do so. The Obama regulation why are the unions aloud to take someone elses hard earned money

See attached file(s)

PLEASE ENTER YOUR COMMENT HERES
STOP THESE GRAVE ROBBERS!!!!!!

Union mobsters,goverment mobsters. Seem to work hand in hand strip Americans of their hard earned money.
Please stop the Union bosses from skimming money from dues from America's Care Givers to line there own pock

Why are govt. union officials allowed to skim (steal) from America's care givers?]

It's time to stop union dues skimming. Support President Trump's efforts along those lines.

Please rescind the rule/law/regulation that allows unions to dip into funds from Medi-caid by skimming dues.

please help President Trump stop these thieves from taking our hard earned money for taking care of the sick, eld

As so many home health care workers take care of family members they dont actually get paid so how can they be

PLEASE ENTER YOUR COMMENT HERE These folks provide a MUCH needed service; don't STEAL from them

I am for stopping the union heads from skimming off dues. The men and women work too hard to have this happen

I worked for almost 19 years for the State of Washington. in order to have the job - I had to join the union. I thou

Out health care workers should not be taken from. Stop government unions from robbing them please. Thank yo

Stop dues skimming by unions. It is thievery at its worst, exploiting the vulnerable.

I, a tax-paying resident of the U.S., support the proposed rule changing this law to remove the regulatory text at 4

I'm curious, with a 'll you guys are given in government, why is it necessary to steal from sick people? Aren't you s

Please stop the legislation which is allowing the union bosses to skim unjointed dues from home health care giver

PLStop all union dues from those that do not want to have dues taken from their checks.EASE ENTER YOUR COMM

Robbery, no matter what unions or the government may call it, is robbery. I pray justice is done and you are char

It's time that Unions cannot force employees to pay their salaries when they do nothing better for the employees

please stop government unions from taking funds from senior in home care workers.

Please stop these union bosses from robbing money from the most needy

Every Goverment Dept needs to be audited to find corruption to make sure our tax dollars are used as designated

Stop your skimming schemes once and for all!!
Quit taking money from people and try giving it, there is much

Unions have been taking tax payer money for years, now is the time to take them to task on this.

I was in almost every union position during my working days. What is said in the foregoing is true, very true. Tak

This is outrageous!

I'm writing to encourage you to stop the Unions from being able to skim profits from home-healthcare givers. The

Unions have deceived those they were intended to serve for too many years. Union leaders are lining their own p

Start doing what you were supposedly elected to do and get rid of corruption everywhere.EASE ENTER YOUR COM

Please protect these hard-working people from the predatory union which as been resisting all efforts to share m

Sufficient in-home health care for seniors is already a growing crisis in the United States, and the proposed new ru

Please don't prevent the hard working and compassionate home care workers from having a union to protect thei

SEIU 2015 Union Thugs. I have Opt Out Membership for 3 years and counting. This Union takes Dues \$55.00 per m

I'm a (b)(6) yet the dues are taken from my pay as if I'm doing something wrong It seem

Support caregivers and unions. Allow union members to pay dues through their paychecks.

We are a private sector employer whose caregivers serve over 3,500 frail seniors and people with disabilities on a

I am a caretaker for my (b)(6) under IHSS and I support proposal number CMS-2413-P. This proposal will b

It is vital that home care workers be able to pay Union dues through their pay checks. Other employees can do thi

Regarding file code CMS-2413-P: Unions skimming funds from the federal Medicaid program is a practice that sho

Dear Sir,
 Puerto Rico Health Care System is on the verge of a great colapse.Medicaid and Medicare funds are

The ability for unions to take pay from caregiver checks should be stopped. I have both experienced and witnesse

I'm an interventional pain management and I'm in favor that the fee assign to the provider goes directly to the pro

Hello,
I am a parent caregiver for my seriously ill adult child. While the task of caring for my (b)(6) is extre

es una medida justa. ya que es el medico quien directamente impacta la salud de sus pacientes. esto ayudara a qu
I support the right of workers to organize and believe in the power of strong union contracts. I'm concerned by re
Hello,
I am a sole care provider to my adult disabled (b)(6) I am supporting the proposal of CMS-2413-P. I wo
TO CMS:There are a lot of money that the USA goverment is loosing in " Insurance administrative costs" while in I
For the last 2 years I have been in private practice in Puerto Rico. As a new physician, it has been an uphill battle e
The rule change is much needed.

How do laws like this one is supposed to correct get passed in the first place? This "dues skimming" practice is di
Stop the flow of federal Medicaid dollars to big labor? We should be trying to change federal policies to prevent
CMS is erroneous in characterizing voluntary union Dues deductions by a Provider of services, as a reassignment c
Ref. CMS-2413-P
Please APPROVE this proposed rule change. It is an unnecessary layer of administration of fu
If this money which was skimmed from Medicaid was being returned in some form of health initiative for those w
Please find attached a letter from the Liberty Justice Center in support of this proposed rule.

The Rhode Island Center for Freedom & Prosperity, a 501-C-3 public policy think tank in Rhode Island, respec
Stop the union dues scam/skimming racket, Protect American freedom and the constitution of the United States c
Union bosses are stealing money from home health care providers!
Instead of helping those who are helping
Please take the action necessary to stop the skimming. This is wrong. The intent is for the funds to be used for the
PLEASE ENTER YOUR COMMENT HERE. They are thieves...literally thieves.
Many years ago a union stole my f
Union bosses making six-figure salaries are stealing money from the people who are taking care of the sick and eld
I find it difficult to believe this has been going on in the first place. Some things just never change; but some thing
See attached file(s)

It is time for Government Unions to stop robbing America's Care Givers.
Please quit misappropriating our money for your personal use. It's stealing, in case you've forgotten what you we
Instead of helping those - home health care providers - who are helping families care for their loved ones, union fa
Stop the Obama regulation that allows Unions to skim Medicaid from members' dues.
STOP UNION SKIMMING.

Leftist union bosses are stealing money from home health care providers!
Stand with our President Donald Tr
Stop unions from robbing our health care providers in America.
To Whom it May Concern
Let's not allow this unfair practice (Dues Skimming) to continue. No one should be
We need to support America's care givers.
Union officials that are stealing from the funds should be prosecute
I am writing in SUPPORT of file code CMS-2413-P and the rule changes proposed.
Many of the caregivers rece
Enough with the corrupt, criminal unions skimming off of the poor, sick and elderly. How disgusting! STOP IT!
I am very happy that finally CMS will adopt this rule. Unfortunately in PR advantage care insurance companies are
No union dues to any candidate from any kind of union.

Union should not be able to take money from home healthcare a lot of them are relatives working to help their fa
MEDICAID dollars should NOT be used to treat Union ills. I support the new rule.
Stop the thievery already.

Unions were meant for helping, not exploiting. Fees should not even be mandatory!
See attached file(s)

Having just lost my (b)(6) o cancer and spending the last few months intimately concerned with home health a
See attached file(s)

Please remove the regulatory exception at 447.10(g)(4).
PLEASE STOP allowing the Government Unions from dues skimming! This is an abuse of our system! thank you,
Stop union dues skimming. Drain the swamp.

Health care workers should not be forced to join or pay for unions.
Please stop Government Unions
We will really appreciate it

Thank you</p>
Care givers have to be the most unappreciated people, but the most necessary. It is disgraceful that government u
Let's stop robbing our caregivers. They aren't union members and don't want to be for the most part. If they want

This cheating by the Government Unions needs to stop now and these funds need to go to America's Care Givers!

The Unions, need to stop stealing, from Caregivers.

Do the right thing for Americans who are paying your salary.

Please stand with president Trump and stop these union officials from skimming from the poor and helpless.

Stop Union bosses from stilling money from caregivers.

If it is true that unions are taking money that belongs to health care workers/family who are taking care of those v

Please stand with President Trump and put a stop to what is going on with the unions

According to a report from the Freedom Foundation of Washington state, the current dues skimming diverts \$150

Stop Gov unions from robbing Americas care givers

Union fatcats skimming funds from medicaid beneficiaries allocated by the Dpt of Health and Human Services is u

Its time you start working with our president, stop illegal activities such as government unions from robbing Amer

The only thing I need to say is "please stop the waste"

Apparently Government Unions are 'dues-skimming' from the caregivers that take care of those people who are u

This is totally disgusting. Stand with our President and stop this practice!

Care givers are much needed and do more to keep Patients out of hospitals and I their Homs. Don't penalize them

Stop the dishonest money grabbing.

Unions serve little purpose except to enrich themselves. As a former union member, I have seen it happen to ofte

Unions are more interested in their own interests than they are of the people they are supposed to protect. They

Stop the skimming or Health workers pay, some don't make that much and they work hard for their wages.

Stop union bosses from skimming union dues for there own enrichment.

Care givers get small enough compensation. They don't need unions tapping their meager resources.

We need to stop unions in America they are NOT good for a country

Desk Jockeys are NOT earning pay, health workers deserve their full wage.

Shame Shame Shame and don't try to deny it!

PLEASE ENTER YOUR COMMENT HERE Knock it off. Nor every one out there wants to belong to a union. Let freelan

PLEthis is terrible should not be allowed ASE ENTER YOUR COMMENT HERE

Dear Official, pls pass legislation to stop union bosses from skimming money from Medicaid paid to caregivers.

Please govern like it's your money that you are spending/allocating.

I am a special needs caretaker. We work long and very hard hours for very little pay. It is sometimes back breaking

Home health care workers should not have union dues deducted from their payments unless they have specificall

PLEASE take action to stop the unjust union dues skimming of home health care workers.

Across the board, no compulsory union dues... While we're at it, no public sector unions at all, kill two birds with c

This communication is to urge you to stand with President Trump and stop the crooked Obama-era regulation tha

PLEASE ENTER YOUR COMMENT HERE Please stop the Obama regulations. Have the unions to work for their mone

Seems that I've learned there is a lot of skimming of money meant for the needy and ending up in corrupt union c

People have enough problems without unions taking a chunk of their paycheck and using it for political causes th

Stop the ability of unions to use current regulations for "dues skimming".
I support the Trump Administration

I am urging you to stop unions from skimming funds from health care givers. Please do everything you can to stop

We need our wonderful care givers.
DO the RIGHT thing by them

Please Have A Heart And Stop Union Dues Skimming Immediately!!! You Are Better Than This!!!

Stop Government Unions from robbing America's Care Givers! Unions are stealing from caregivers and from their

Please stop unions from skimming from home health providers and stand with President Trump in this matter.

Stop skimming of oth Medicaid system. This is what keep the people who dont have insurance the care needed ar

PLEASE ENTER YOUR COstop the wastMMMENT HERE

Please stop the legalized thievery of funds by Unions from medical caregivers. This is a travesty thrust on the Ame

There is no need for government employees to have a Union.

Union official should not be able to take money away from home health care providers. This kind of dues skimmir

This is an old issue which can now be resolved because we replaced a dictator with a President in '16. Please get it
Everything Obama did while in office should be eliminated.

Stop the stealing.

Please stand with Pres. Trump, stop leftist unions from stealing money from home health care providers like Med

Please help the president stop this practice. Thanks

Abiding by the laws seems to be considered an option instead of a requirement when the law doesn't fit the narra

PLEASE ENTER Y
Unions should not cheat

Freedom of Association... That's kinda a thing, right?
 But if the unions get hooks into the system, pretty soo

PLEASE EN Ridiculous to allow these crooks to do this

PLEASE STOP Gov. we unions from stealing and taking advantage of. America's Care Giver's

It is time to stop unions from taking money from people who are taking care of the sick and elderly. This has alrea

Please stop these union thugs from taking this money that can and should be used for the right purposes.

Los medico de Puerto Rico necesitamos expresarnos. Hace vario aos estamos siendo atropellados y abusados por

See attached file(s)

See Attached

See Attached

Comments from SEIU Local 2015 Long Term Care Workers Health Trust Fund attached.

See attached file for AFSCME comments on CMS 2413-P

I agree with this 100%. It is time that funds destined for providers be protected. Medical insurances need to have

What level of supervision do HP have to keep them from assigning a larger amount to their administration cost?

See attached file(s)

See attached file(s)

August 8, 2018
DELIVERED ELECTRONICALLY

The Honorable Seema Verma, Administrator
Cente

I am with Caregivers 100% I am a caregiver for my mom who is (b)(6) years old. If not for me, she would be in a nur
keep fighting for people

I am deeply concerned that CMS policy makers are using a federal rulemaking process to destroy the power of the

Workers of the world, Unite!

as it is, seniors (70+) are at risk of infection or disease due to poor hygiene or poorly-trained staff. Especially durin

I SUPPORT HOME CARE WORKERS!

The current governments animus toward unions is detrimental to the vast majority of people living in America, its

I support caregivers and unions and I oppose this proposed rule change because it creates additional difficulties fo

Support Unions of Home Health Care Workers. They are very valuable to all of us. Lets pay them properly!

Please make your rules support home caregivers' unions. They are chronically underpaid while supporting our mo

Please don't deprive home care providers of their right to have their union dues deducted and paid to the union t

Caregivers are essential to the survival of millions of people every day.
WE DEMAND RESPECT & PROPER

I support caregivers and unions and the people who do the work in this country. Why doesn't our representative

I support health caregivers and the unions.Unions are responsible for the benefits the caregivers need and deserv

STOP using a federal rulemaking process to weaponize the federal Centers for Medicaid and Medicare Services (C

Please see attached letter re: Comment in Support of the Centers for Medicare & Medicaid Services Notice o

I'm a (b)(6) year-old cancer survivor and I truly depend on my healthcare worker to help me, not only in an emergenc

In Puerto Rico most of the elderly population is subscribed to an advantage plan. I have no problem with this if the

I support home care workers, not the sodding fool that we have as "president" or his congressional stooges.

For as long as I can remember, I've known caring for seniors is my calling. I'll be a home care worker until I am phy

I am an independent provider of caregiving in the state of Washington. When i first began work in 2013, i didnt

Proposed rule to eliminate automatic deduction of dues for unionized health care workers. Just stop this relentle

I support caregivers

Obey the law and do the right thing.</p>

Home care jobs that pay a decent wage and come with customary benefits like health insurance help reduce turn
I am writing in support of the proposed rule by the Centers for Medicare & Medicaid Services (7/12/18), File
We have a (b)(6) Because of the wonderful care she has been given a
This rule is a transparent attempt to hinder the operations of critically-needed unions in support of health care wo
To whom it may concern:
As a retired health care worker, I hold the firm understanding that collective bargain
I support the caregivers right to organize and sustain their union. I support setting the minimum wage for caregiv
My family, community & I SUPPORT caregivers. Any sane person does. But as you know, Trump appointees a
Its about time that medical advantage companies stop using patients money in concerts ,no medical events ,tv ,r
I support caregivers and unions. I used to care for vulnerable people and know how valuable caregivers are to our
I support unions and caregivers' right to unionize for fair wages and working conditions!
Stop trying to undermin
Union Care Givers have the Right to have their Dues Withheld from their Pay Checks just as any other Union Empl
Home-care workers are, perhaps, some of the most important workers in America, taking care of the aged and inf
Re: Comment in support for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignment of
Collecting Union Dues through Paychecks is simple and straightforward.
This proposed rule is not designed to
These workers are essential to the health and well being of many sick and disabled citizens.

I read Berta Alvarados story and how she felt a personal call in assisting Seniors. I was moved by her compassion.
All union members must be required to pay union dues via payroll deductions. The union negotiates for all memb
My paid for patient in medicaid is 8.00 dollar for month and my paid for medicaid advantage is 50.00 dollars for m
I support the Home Care Workers request for \$15/hour.

Medicaid Provider Reassignment Regulation Proposed Rule
CMS-2413-P
, Congresswoman Cathy McMor
Caregivers are an integral part of the entire healthcare team approach. support for their work is absolutely necessa
Continue to allow home care workers to use payroll deduction to pay for their union dues. There is no reason that
Union protections are imperative for home care workers who are disproportionately immigrants and women of co
Caregivers work very hard to provide quality care and deserve high wages. Please do not take away necessary hea
I support caegivers and their unions. Eeveryone deserves a living wage and good benefits.

I was a CWA member for the 20 years I was with AT&T, and my (b)(6) were pro-union before me!
This is just another transparent attempt to destroy unions and screw workers so rich folks can get more money, It
Home care workers should earn the same benefits and protections afforded other workers. It is that simple. WW
I am disgusted with the current Russian (by Russian, I mean Putin) administration. The republicans have chosen to
I am a State Representative in South Carolina, and I respectfully ask the Department of Health and Human Service
Representation and protection through union membership is one of the few things that give the low wage earner
Homecare workers are vital to the lives of the many senior and disabled people that so desperately need and dep
The proposed change will accomplish nothing but to hurt both home care workers and the very vulnerable popula
Medicare and Medicaid are vital programs for large numbers of Americans.

The most misused, ill treated and poorly paid workers deserve a strong voice to negotiate for them and raise their
Labor unions are important in the balance of power between the wealthy and the poor. All hourly and salaried wo
Turning (b)(6) n November. We seniors keep a close eye on things like this. Especialy staying at home and hopefully
I agreed with this regulation.

I agree with this regulation. This project will help doctors, patients and employees. Great News!!!

Yes. I agree.

As senior citizens, my husband and I depend on the important services these workers provide. We believe that the
Working men and women are again being unfairly targeted by the Trump Administration's anti-labor animus with
I stand with caregivers

Obviously opposed. Why make it harder for poor workers to pay for benefits? any benefit to the government or tl
This would appear to be yet another attack on the ability of unions to serve and protect their members. Medical
This proposed rule change is none other than a blatant attack on unions who advocate for working people.
M
I am a care giver for a Medicaid client and in strong support of CMS proposal number CMS-2413-P.
The repeal

There is a group of Patients in Puerto Rico that are dual eligible for Medicare Part B and Medicaid but the Medicare Do not overturn this rule and rob workers of the ability to pay their union dues conveniently and automatically. The WellCare Health Plans (WellCare) is pleased to submit the enclosed comments in response to the proposed rule. I was a caregiver for many years, I know how important the job is and how many people depend on them to stay in. I agree that Medicare must limit the insurance companies power. Here in Puerto Rico Medicare classic decreas Care takers work long, hard days. Their work is vital and will become more and more vital as our society ages.
No one can deny that Unions have helped make our work environment and wages better. All workers and employees Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS We need caregivers so often now with an aging population. They should have the right to a union to make sure that I am in support of proposal number CMS-2413-P. Please make sure all of the medicare/medicaid payments go to See attached file(s)

As a senior citizen who more than likely will need home health care at some point, I oppose CMS-2413-P. This proposal Please find my comments attached.
Sincerely,

Senator Lynda Wilson
17th Legislative District
 This rule is typical of the disregard for working people in America that the current administration has. Implement See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

Dear Secretary Azar and Administrator Verma:
Please see the attached letter from Seth Hemond, Managing Director See attached file(s)

See attached file(s)

See attached file(s)

Please support CMS proposal number CMS-2413-P. It makes the most sense for health care of our loved ones and See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

On behalf of the Washington State Labor Council, AFL-CIO, and its over 600 local unions representing over 420,000 Caregivers are an essential need in our society. Get sick and you will find out quickly- and you will get sick. This is a See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

My name is (b)(6) and I am a caregiver for a Medicaid client in Washington State and I support proposal number See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

Please continue to take my union dues directly from my salary. I love the union and know from experience how See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

I provide care for my (b)(6) who is a Medicaid client in the state of Washington. I agree with proposal number CMS- See attached file(s)

See attached file(s)

See attached file(s)

Hello,
I am writing about the proposal to prohibit union dues deduction home care workers. Home care work
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
Please do not change the rule that allows home health aids to have their union dues deducted from their paycheck
See attached file(s)
See attached for comments from the Center for Labor Research and Education, University of California, Berkeley
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
Just another blatant attack on working people, I'd say you people have no shame but your proud of that!
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
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See attached file(s)
See attached file(s)
Home Care Workers are some of the hardest working people I've ever encountered. They must be unionized in o
Department of Health and Human Services,
The Janus decision & Senator James Tedisco's Lemon-Aid La
See attached file(s)
See attached file(s)
See attached file(s)
See attached file(s)
How can the federal government dictate where an individuals paycheck goes once it is paid out? Further, this is a
See attached file(s)
Please don't interfere with workers' right to organize and stand united. Removing the ability to have union dues p
See attached file(s)
I support unionized home healthcare workers!

See attached file(s)

See attached file(s)

See attached file(s)

August 8, 2018

The Honorable Alex Azar II
Secretary
U.S. Department of Health and Human Services

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

I strongly oppose the proposed new rule. It's anti-labor, anti-woman, and anti-people of color. A strong labor movement is needed to protect workers' rights and ensure fair wages and benefits. A strong labor movement is needed to protect workers' rights and ensure fair wages and benefits.

Dear Secretary Azar and Administrator Verma:
Please see the attached letter from Lydia Barlow, Managing Director of the Vermont Department of Health and Human Services provides the following comments from the Vermont Department of Health and Human Services.

The State of Vermont, Agency of Human Services provides the following comments from the Vermont Department of Health and Human Services.

While I was working in Minnesota, I saw a rampant abuse of union power and union authority throughout the state. I saw a rampant abuse of union power and union authority throughout the state.

See attached file(s)

Homecare workers are already minimum-pay workers who provide services families cannot provide but they allow individual care providers are vital to the care and lives of disabled school aged and adults. They are also the lowest paid workers in the state.

I agree with this proposed rule.
Medicaid and Medicare providers must be paid directly and cannot have part of their payment withheld for union dues.

See attached file(s)

See attached file(s)

See attached file(s)

A physical copy of this letter has been mailed to the address below
August 9, 2018

The Honorable Alex Azar II
To Whom It May Concern:
Please do not institute a change that would prohibit payroll deduction for union dues. We strongly oppose efforts to hinder employees to come together and bargain the ability to pay dues to our union. Dear Secretary Azar and Administrator Verma:
Please see the attached letter from Merissa Clyde, Managing Director of the SEIU Union Workers are perfectly capable of choosing to have these amounts deducted or not. This regulation is CLEARLY INTENDED to undermine the ability of workers to choose whether or not to pay union dues. Justice for health provider and good management of budget. Good management is that money assigned for a particular purpose. I was a federal employee working with Indian Health Services and had I had an option to pay my union dues (yes, I did), I am a Homecare worker. For many years, the SEIU union has done so many unlawful acts, such as as taken out time from workers for union dues. To Whom It May Concern:
Caregivers support our community, we support them and their unions.
Thank you for your support. Department of Health and Human Services,
I am writing as a family doctor and as a baby boomer in opposition to this proposal. Do not use the federal rulemaking process to weaponize the federal Centers for Medicaid and Medicare Services (CMS) against workers. Department of Health and Human Services,
I oppose proposal # CMS-2413-P.

It is an overreach of the Department of Health and Human Services,
I strongly oppose proposal # CMS-2413-P. It is a mean-spirited attack on workers. Department of Health and Human Services,
Workers should have the right to choose whether or not to pay union dues. Re: CMS-2413-P
This comment is being submitted by Candace Howes, Professor of Economics, Connecticut College. Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P. It is an overreach of the Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P. It would limit the ability of workers to choose whether or not to pay union dues. Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P. I am concerned about the impact of this proposal on workers. Please stop the current practice of taking money away from Medicaid services for other purposes. Dues skimming is a violation of the law. Department of Health and Human Services,
For shame! By disallowing automatic payroll deductions for union dues, you are undermining the ability of workers to choose whether or not to pay union dues. Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P. It's attack on workers. I don't support this measure. Automatic deduction of union dues is helpful to the employee.
Unions are necessary to protect workers' rights and ensure fair wages and benefits. Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P. It is an overreach of the Department of Health and Human Services. See attached file(s)

I am a care giver for a Medicaid client and in strong support of CMS proposal number CMS-2413-P.
I want the Department of Health and Human Services to see this attachment.

Re: CMS-2413-P
CMS is trying to strip workers of the right to join and support a union.

This rule change is a blatant attempt to silence the voice of the only organization these critically necessary workers have is outraged. I fully endorse updating the regulatory language as proposed. Why?
First, because the updated language more accurately reflects the reality of the industry. My name is (b)(6) and I am a care provider for m (b)(6) who is a Medicaid client. He is a severe disability. See attached file(s)

I am writing to express my serious concerns with proposal # CMS-2413-P that, in my view, would ultimately serve to harm the people it is intended to help. As the owner of a PCA provider agency, I have strong opinion against the ability of a union to receive funds directly from the state. I view this as another way to keep workers poor. They don't have representation otherwise and their wages are already low. Comment in Support of the Centers for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignment of Funds to Union. I strongly oppose these rule, which would limit home health aide workers' rights and union bargaining power. For the Department of Health and Human Services,
Honor workers and their choices. Oppose proposal #CMS-2413-P. See attached file(s)

Totally against this rule change. Unions are there for people. The people have no one to speak for them without a union. See attached file(s)

See attached file(s)

Department of Health and Human Services,
I am writing to express my strong opposition to rule #CMS-2413-P. See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

Please do not disallow union dues deductions. The unions are an important advocate for not only their members but also for the people they serve. Please see the comments in the attachment submitted by Pacific Legal Foundation.

I write in support of proposal CMS-2413-P. I find it unconscionable that unions have been swindling home care givers for years. See attached file(s)

Department of Health and Human Services,
I oppose proposal # CMS-2413-P.

It is an overreach of the agency's authority. I am writing in support of proposed CMS changes. I was a volunteer with MNPCA, a campaign to decertify the Service Employees International Union. I support CMS-2413-P. Our government and tax dollars should not be used to collect union dues.

Please help myself and other Home Health Care workers who care for disabled family members
at home through the Minnesota Home Health Care Program. I am Minnesota Home Health Care worker. We take care of family member who are
disabled with a benefit from the Minnesota Home Health Care Program. I hope you can help. I am writing to alert you to a huge problem concerning a government
benefit for the Minnesota Home Health Care Program. No more states being bagmen for unions. I support CMS-2413-P.

I hope you can help me and other Home Health Care Workers who care for disabled
family members at home through the Minnesota Home Health Care Program.

I am writing to you on behalf of myself and other Minnesota Home Health Care workers who
care for their disabled family members at home through the Minnesota Home Health Care Program.

On behalf of myself and other Home Health Care workers who care for disabled
family members at home through the Minnesota Home Health Care Program.

I am writing to you to ask for your help and to make you aware of a policy that is unjust and
fraudulent.
I am writing to you to ask for your help and to make you aware of a policy that is unjust and fraudulent.

I have been providing palliative care for 16 yrs now, my paycheck have been slowly decreasing for many years now. Medicaid is one of the largest and costliest, if not the largest and costliest, programs in our various states. States rely on Medicaid to pay for the care of the elderly and disabled.

Please help me and other Minnesota Home Health Care workers who care for disabled
family members at home through the Minnesota Home Health Care Program.

I am writing to you on behalf of myself and other Minnesota Home Health Care workers who
care for disabled family members at home through the Minnesota Home Health Care Program.

I hope you can help me and other Home Health Care Workers in Minnesota who care for
disabled family members at home through the Minnesota Home Health Care Program.

See attached file(s)

I am writing in the hope you can help me and other Minnesota Home Health Care workers who
care for disabled family members at home through the Minnesota Home Health Care Program.

The SEIU has been taking dues money out of my check without my approval or authorization to do so. I never signed anything. See attached file(s)

See attached file(s)

Please help myself and other people in the Minnesota Home Healthcare Program who are being
deceived by the SEIU. See attached file(s)

See attached file(s)

See attached file(s)

My (b)(6) was coerced into signing a card by a union organizer and now we cant get them to stop taking dues c

See attached file(s)

I am a Home Health Care worker from Minnesota and I hope you can help me. I have recently realized that union

See attached file(s)

See attached file(s)

I signed what a union organizer said was a request for information and that I would only have to pay dues if I got a

See attached file(s)

Union came to my house twice and I told them I wasnt interested and the next thing I know, Im having dues dedu

See attached file(s)

Please see the attached PDF concerning Speaker of the Washington State House Frank Chopp's proposed rule cha

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

To Whom it may concern,
 Please let it be known that I oppose the withholding of union dues from Medicaid

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

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See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

I totally support CMS-2413-P. Caregivers who are paid with Medicaid funds should not have funds diverted to a ur

See attached file(s)

See attached file(s)

See attached file(s)

This proposal number CMS-2413-P is important and should be adopted in support of local health care workers giv

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

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See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

I am a caregiver for a Medicaid client.
SEIU 775 is so negative in that it is always finding ways and perhaps suc

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

To Whom It May Concern:
Thank you for the opportunity to comment on CMS-2413-P. I have had the honor

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

I opted out a few years ago mainly due to its political leanings and I had better things to do with the dues...like ear

See attached file(s)

I am in support of this proposal number CMS-2413-P. I am care provider for a Medicaid client.
When I first b

Caregivers both REQUIRE & DESERVE the kind of wages, benefits & respect, NORMALLY reserved 4 Unio

See attached file(s)

See attached file(s)

See attached file(s)

I am a caregiver for a Medicaid client, my experience with SEIU 775 has been great , and I support proposal numb

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

This sounds like a way to make it harder for unions to operate and protect people like home health care workers.

We are providing these comments in support of the proposed rule to end the practice "dues skimming." We offer

See attached file(s)

See attached file(s)

Dear Sirs,
We support proposal number CMS-2413-P.

Please read my heartfelt comments that foll

See attached file(s)

No one should be forced to pay union dues, they should have to make a definitive statement to join the union.

See attached file(s)

Department of Health and Human Services,
I support home care workers and their choice to be union memb

Please end the practice of paying Medicare to States instead of directly to the home care providers in reference to

See attached file(s)

I completely abhor that the states are taking money from providers and giving it to unions, most often without th

Regarding CMS-2413-P, repealing the regulation permitting diversion of union dues from government payments v

I am a caregiver for a Medicaid client, my experience with SEIU 775 is not a good one. when i first joined in 2007 i

I support proposal CMS-2413-P as it would empower the individual caregiver either to join a local union or to opt

See attached file(s)

Please review the attached comments courtesy of Access Living.

See attached file(s)

Please support rules and regulations that stop unions from skimming dues from Medicaid paid home givers. Pleas

Hello, my name is (b)(6) and I am an Individual Provider for m (b)(6) As I am only assi

See attached file(s)

I am caregiver for a Medicaid client and have had to speak up and stand up for my rights to not join the union. At

See attached file(s)

See attached file(s)

Please help ALL of us in supporting CMS proposal number CMS-2413-P, and give ALL of us a CHOICE in joining a un

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

See attached file(s)

Attn: CMS-2413-P
The attached petition signatures are from Massachusetts union homecare workers. We add

Home care givers are very much a necessity and should be fairly paid as such. They actually deserve higher wages.

Department of Health and Human Services,
In 2006, I took semi-retirement to become an in-home caregiver

I am a parent provider for adult disable (b)(6) I am (b)(6) nd retired. I receive no benefits from being in the union .

I do not agree with this contrived rule that is clearly aimed at weakening unions and the overall ability of individua

As a caregiver for a Medicaid client I am opposed having to support the SEIU.
The state automatically taking r

I've been a caregiver for 12 years. My clients have suffered with a wide variety of afflictions. They widely range in I support proposal CMS-2413-P. No One should be forced to support a union.

To Whom It May Concern,
 I ADAMANTLY SUPPORT PROPOSAL # CMS-24-13-P, and here is why. I am a Me I am a caregiver for a couple of Medicaid client. I do not wish to support or contribute to SEIU 775.
I do, how I am a caregiver of a Medicaid Client and have been for many years. I had to sit through the union lecture and was I am a caregiver for a Medicaid client. SEIU 775 took money out of my paycheck without my permission for many I very strongly object to the change Medicare/Medicaid Services wants to do. It appears that you plainly want to s CMS-2413-P should not even be a consideration. This is an attempt for more big government interference by tryin I do not think that we should be required to pay Union Dues, the Union has done nothing for Parent Provider and I support proposal number CMS-2413-P.
If CMS proceeds with the repeal of the 2014 regulation, it would not I am a former health care worker and retired having worked 50 plus years in various dept. management positions. Re.: Comment in support for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignment of Re.: Comment in support for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignment of I was not aware Union was using my dues to pay for abortion I do not support abortion please I need to opt out and I am a parent of a disabled adult child living in my home and the individual provider of said client. I work 59 hours See attached file(s) See attached file(s)

Thank you for the opportunity to make comment on this topic.
I was tuned in back in 2014. Myriad others ha To Whom It May Concern:
As an in-home caregiver I am alarmed at the proposed federal rule change which v To Whom It May Concern:
When I need help, when I need someone to talk to, who do I have? My union.
 Yes, I am all for this union fee to be stopped. Between two jobs and union dues being taken out of both of them, t Stop the terrible practice

Dian Nicholson
California
UDW Home Care Providers Union
To whom it concerns:

My conce August 1, 2018
To Whom It May Concern
My name is (b)(6) and I am a homecare provider with the I (b)(6) br>AFSCME/UDW Local 3930
Im a resident in More Minnesota is behind the union 100%

This rule may prevent unions from withholding union dues from provider's paychecks, that the home care provic Department of Health and Human Services,
The wonderful people who cared for my (b)(6) and my m I strongly support this proposed rule for a number of reasons. First and foremost, the tax dollars we set aside to a The proposed rule will benefit neither Medicaid recipients nor home care workers. As someone who had the ofte Please support this bill. As a child care provider of 33 yrs a union is not a benefit to provider's. (b)(6) Protect Provider's. Union is NOT doing this for us. Other issue's with the union: Promises dental & medical bu The National Consumer Voice for Quality Long-Term Care submits the attached comments.
See attached file(I support CMS 2413 P. I am a HCA.

See attached file(s). Comments on behalf of the AFL-CIO.

I support the CMS proposal number CMS-2413-P.
Like many home caregivers, I have been a family caregiver f Certainly much more thought has to go into this whole process. It would be appreciated if you could put this mor I am a health care provider working with an Medicaid client
Have been for 13 yrs. And I agree that the Union It would be great if there was more than one option for healthcare.

The easiest way for union members to pay their union dues is through payroll deductions. Please continue to allo Service Employees International Union and others have been bilking the most vulnerable American's out of part o Saturday, August 11, 2018
Centers for Medicare & Medicaid Services
Department of Health and Hur My name is (b)(6) and I was injured by an injection given by an unqualified nurse at a hospital. I

My name is (b)(6) years old, and I am bed ridden, I suffer from Spinal Stenosis, degener Lessie Letrese Lofton
I am deeply concerned and very upset about the ruling and the attack on unions. I am a

My name is (b)(6) and Im a member of the UDW/AFSCME Local 3930. Im

The ruling would not be good for me because Im very busy with my clients and my personal obligations. Im a

The CMS ruling is an attack on my first amendment rights, these are wages paid for services already ren
My name is (b)(6) and I am an I.H.S.S home care provider. Currently I am taking care of both of my grandp
My name is (b)(6) am an IHSS home care provider since 2004 and a member of United Domestic Worl
My Name is (b)(6) am a IHSS home care provider since 1996 and currently a member of United Dor
My name is (b)(6) I am a home care provider and a member of United Domestic Workers
My Name is (b)(6) and I have been an IHSS homecare provider and a member of UDW for two years now. '
I am a homecare provider and I strongly oppose the proposal # CMS- 2413- P. The reason being is that I provide ca

Convenience of payroll deduction, particularly for home care workers who do not repor

I want to take this time to let you know that I am so oppose to CMS- 2413-P. I support IHSS union

I'm writing this letter to let you I know that I am oppose to CMS-2413-P. I support the IHSS u
I strongly support proposal number CMS-2413-P!
I am a caregiver for a Medicare client and have had horrible
I am fully in support of this law and I hope it gets passed. Unions have no business trying to force home daycare p
I am a caregiver for a Medicaid client at this time, and have had Medicaid clients for about 8 years. About a year a
I am a caregiver for a Medicaid client. I opted out of SEIU 775 when I was first told I could. I did so because I did no
I am a Parent IP for my special needs (b)(6) I am opposed to the SEIU 775 union dues for parent IPs and defin
See attached file(s)
See attached file(s)
See attached file(s)
I am in full support of proposal number CMS-2413-P. Please pass this proposal now!
See attached file(s)
See attached file(s)
Please do not allow unions to deduct dues from our pay checks. I am a PCA and do not want the union to take du
See attached file(s)
As a care provider from Minnesota, I support the rule change! Anytime we use taxpayer dollars to aid in third part
I would like to voice my support for CMS proposal number CMS-2413-P. I am a caregiver for my (b)(6) who at th
I would like to notify you of my support for CMS proposal number CMS-2413-P. When I became of caregiver for n
Taxes paid to health care providers should go entirely to support the services they provideNOT to support unions
See attached file(s)
See attached file(s)
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CM
UNDO THE MESS ASAP
Please see attached comments from America's Health Insurance Plans (AHIP).
stop the unions from taking money from Americas care givers PLEASE ENTER YOUR COMMENT HERE
Public employee unions have got to be the dumbest conception in the recorded history of mankind. Please help to
See attached file(s)
This is not right. Please do not let govenrment unions rob we the people- Americas care givers.
See attached file(s)
As a hard-working, average tax-payer, I do NOT want my tax dollars abused OR misused for ANY cause or reason, I
No more union skimming? Put this money back into our treasury.
Please tell me why the US government is allowing Union bosses to steal more than 200 million a year from Medic
See attached file(s)
Stop this NOW!!!
August 13, 2018
The Honorable Seema Verma, Administrator
Centers for Medicare & Medicaid Serv
Please stop this scheme that allows unions to take Medicaid money from home healthcare workers. Supporting u
PLEASE ENTER YOUR COMMENT HEShut them downRE
See attached file(s)

I want you to stop Union Bosses from robbing America's care givers

Thank you for bringing this problem to the voters attention. Now, it is time to act and stop this waste of taxpayers money.

Enough is enough! The government was put in place for the people of these United States. It was not designed to steal from us.

Stop Stealing from Us Americans and take Your socialist ways out of AMERICAN GOVERNMENT and AMERICA Mr. Obama.

Please do not allow union bosses to steal from America's care givers.

Please bring to an end the practice of unions skimming dues from Health care workers.

We are tired of getting screwed by unions and big government!

PLEASE ENTER YOUR COMMENT HERE
Stop the Unions from skimming dues.

PLEASE ENTER YOUR COMMENT HERE WHAT THEY SAID!

Stop allowing unions to force care givers to join their unions.

Big government regulations are bad for our country and unions drive up costs to the people of this great nation. Thank you!

See attached comments.

CLOSED SHOP is ILLEGAL. It HAS BEEN PROVEN that these UNIONS are DEMOCRAT POLITICAL ARMS USING the UNION to steal from us.

See attached file(s)

See attached file(s)

Please review and cancel the Obama era regulations allowing union officers to skim funds from dues. Thank you!

See attached file(s)

Please stop the waste! Medicaid is funded by the tax payers, people who have families, people just like you. It isn't fair to let unions skim dues from the people who need the most help.

drop union dues skimming and stop the unions from robbing America's care givers.

PLEASE ENTER YOUR COMMENT HERE
Any help that you can provide in this matter would be greatly appreciated.

PLEASE stop the union thievery.
End dues skimming .

PLEASE ENTER YOUR COMMENT HERE. Stop Government unions from robbing Medicaid funds and thus limiting financial help for the elderly.

Thank you for allowing for comments on this important issue to both healthcare and our vital safety net for those who need it.

Tell them to stop this union thievery and end dues skimming immediately. Have them use the same right as us regular people.

See attached file(s)

PLEASE reserve many of these regulations that allow scammers to get people into debt and bankruptcy.

August 13, 2018
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Washington, DC 20201

Forced Union Dues and other compulsory dues, especially those used for political purposes is morally wrong, unethical, and unconstitutional.

please support the president in undoing ridiculous and corrupt rules and regs from the Obama administration.

Please stop the union skimming immediately. It is criminal and I support you to stop this.

See attached file(s)

Stop abuse of taxpayer \$\$\$ by Unions TODAY! Wrong on so many levels.

Allowing organized union bosses to steal nearly 200 MILLION MEDICAID DOLLARS A YEAR from America's home care workers is a crime.

Stop government unions from robbing America's care givers. Remove the compulsory and tyrannical requirement to join a union.

I strongly oppose CMS-2413-P which would remove the regulatory text allowing states to make payments to third parties for services not covered by Medicare or Medicaid.

Unions have no place in anything other than pay.

Trump Moves to Protect Home Care Workers
The Centers for Medicare and Medicaid Services, a part of the U.S. Department of Health and Human Services, announced today that it will no longer require home care workers to join a union.

PLEASE protect our care givers !!!!!!!!!!!!!!!!!!!!!!!

Please reverse these policy directives from the Obama regime.

PLEASE ENTER YOUR COMMENT s top the unions from taking money. from the people that need it

The Freedom Foundation, backed by wealthy billionaires is trying to weaken the rights of working people. Working people are the backbone of this country.

Please support President Trump and his tax cuts. If you're one of my representatives I will vote against you if you don't support the president.

This must be undone and the robbery stopped!! Taxpayers cannot allow this anymore!!

PLEASE ENTER YOUR COMMENT please keep the government union, s from stealing our dollars.

Stop these "crooks" now

The practice of "dues skimming" robs the vulnerable who need this help the most. Every dollar of Medicaid funds is a dollar less for the people who need it.

Another skimming of the working man's dollar. End this now. Thank you !

PLEASE ENTER YOUR COMMENT HERECorruption big time

Federal funds directed to the states for pay for Medicaid services should not, especially in the wake of the JANUS

See attached file(s)

These regulations enabling Unions to tamper with healthcare and benefits of Americans should be repealed imme

Union dues skimming is appalling, it must stop now!

See attached file(s)

See attached file(s)

Unions should work on obtaining the best benefits for there members. Not fill their pay checks with Government ;

Healthcare and daycare are expensive. Taxpayer dollars for the poor and disabled in Medicaid and daycare support

Barring states from incorporating these kinds of payment arrangements into their programs, as the Department p

Nothing good comes from unions that are run by men that only think about their own wallets. Safety, and a good

PL I truly believe that the government unions Should not be taking money from American health care services. Th

Stop Union Bossesfrom Hurting Americans, period! This is a disgrace to steal Medicare Prremiums from Healthcar

See attached file(s)

I am an independent healthcare provider for my disabled (b)(6) Please keep deducting my union dues from my pay

This is flat out wrong

Time to get rid of all the corrupt rich assholes who are always looking out for themselves and don't care the veter

Trump administration has proposed changing federal rules at the Center for Medicaid and Medicare Services (CM

Please jail any of these Union Jackasses that are breaking the law. Fine them to the max, take the property, and e

PLEASE ENTER YOUR COMMENT HERE
Please stop government unions from robbing Americas care givers. I ha

Stop this madness. The Unions do nothing to help these people. They bring nothings to the table and just take ot

See attached file(s)

I'm asking you to stop union bosses from robbing Medicare each year, by skimming union dues from home health

Stop Union bosses stealing millions from the Medicare dollars now!

August 13, 2018

DELIVERED ELECTRONICALLY

The Honorable Seema Verma, Administrator

Stop this mess now !

Please stop stealing from Medicare.

The Government needs better control of the unions and not allow them to take advantage of workers under them

Please help.

Theft from the Federal Government is a big deal. Please do all you can to prevent this.

Enough is enough...we need your help. Please take action. God bless your efforts.

STOP the Government Unions from stealing money from Care Givers of America! This is unforgivable!

See attached file(s)

STOP UNIONS FROM SKIMMING 200 M\$ A YEAR FOR POLITICAL CONTRIBUTIONS TO DEMOCRATIC CANDIDATES F

Having been an unwilling Union member, I have total sympathies for others who are being robbed by unions. Plea

Union bosses acting as el hefty and skimming employees pay is a behavior from 2nd and 3rd world countries. It is

Please don't lrt this happen.

No parent should be coerced into paying a union just to care for their own disabled child.

Please make a commonsense decision to remove Union's ability to siphon off medicare/medicaid dollars. The mo

Convenience of payroll deduction, particularly for home care workers who do not report to a central worksite. Ma

This is an outrageous practice and entirely unethical. Please stop this from happening in the future.

Home care providers (Medicaid providers) are not getting rich off of what they receive in payments. It is unconsci

Please see attached letter from Treasurer Read.

This is rediculas. Stop the insanity!

Fix the mess

PLEASE ENTER YOUR COMMENT HERE
Dont stop now. We should never make union members support a pers

Convenience of payroll deduction, particularly for home care workers who do not report to a central worksite. Ma

August 9, 2018

The Honorable Alex Azar II
Secretary
U.S. Department of Health & Human Services
(b)(6)

Convenience of payroll deduction, particularly for homecare workers who do not
I am opposed to any forms of mandatory fees for Unions, no more unions.

To whom it may concern;

As a homecare provider, I have been with many disabled clients and taken care of them.
Please stop allowing union access to taxpayer funds. We have to stop this ridiculous use of taxpayer funds!

This is disgraceful what these unions are doing

I oppose CMS, because we the workers should be able to decide how wages are spent. It's convenient for them.
I think the motivation for this rule change is cruel and heartless. My (b)(6) was a home care worker in my
Department of Health and Human Services, I am writing in opposition to proposal # CMS-2413-P.
The proposal is to
It is time to take back America from the crooked Union Influences and their other ghastly ways...

I am writing this letter to oppose CMS. I feel it is my right to decide how my wages are distributed. I support having
Stop this immediately.

Hello, my name is (b)(6) I am an IHSS home care provider in Anaheim, Ca 92801. I am completely against the
I am one American who wants the Union Dues skimming that has gone on in this country for far too long stopped

(b)(6)
My clients wouldn't have a homecare worker and I wouldn't be able to remember to pay my dues.
Stop the unions from stealing from the working people. The unions have no right to force anyone to join and/or pay

This would impact my family with our healthcare as they deduct dues automatically as well from our check.
The proposal to prohibit payroll deduction for union dues for individual providers of home health care appears to
Please stop all Unions from "helping" with the Medicare and Medicaid programs. They should not be having anything to do with it.
As a care giver and a (b)(6) of a client, this proposal is painful for my family. Will makes hard to keep on track my
See attached file(s)

It's wrong for unions to steal money from home care workers. The Supreme Court said it was wrong, not it's up to Congress.
NO TO GOVERNMENT UNIONS. IT'S WRONG. IT'S REPULSIVE!

It is easy to lose my medical/dental benefits that I am currently receiving because I forget to mail in my contributions.
Quit robbing care givers and do what a union should do for its workers. Some unions are worse than industrial ones.
The original US Constitution IS THE LAW OF THE LAND and must be used correctly to put a stop to all the skull-duggery.
please stop unions from increasing payments for healthcare.

See attached file(s)

Stop the government unions from taking money from American care givers.

I am my (b)(6) provider. I oppose this rule because I need these important rights and job security.
Crooks

Please act to stop union bosses from skimming Medicare money from health care workers.

Government Unions or Public Unions should be eliminated because those in public office should serve the public and not themselves.
Please stop government unions from taking money from America's Care Givers! This is not right.

Stop Unicom skimming!

PS--BUILD THE DAMN WALL. NOW!!!
Thank you.

It's an outrage that hardworking gov. Employees have to support unions that they don't agree with but what's worse is

Dear Sirs;
Union bosses are stealing the dues of home health care workers and should be stopped as soon as possible.
Stop union bosses from stealing dues from Medicaid workers

In the wake of the Janus decision by SCOTUS, any attempt to collect union dues without new, explicit, written consent is unconstitutional.
Please do what you can to. stop government unions from robbing America's Care givers.

2014 Supreme Court ruling known as Harris v. Quinn, which struck down mandatory union fees for home-based workers.
It is unconstitutional to make people pay for union dues without their consent! Please correct this injustice!

Please stop these crooks from stealing.

Please legislate to stop union dues skimming.

See attached file(s)

Dear Sirs
Please do not allow care giver unions to profit off of Medicare. It is time for our Senators, Congressmen

You have no constitutional authority to exist

Health insurance, skills training and other payroll deductions, including union dues, are normal, common. You need to put a stop to this unions stealing from the American care givers, our government is getting worse than ever. Unions are of dubious value in the current business culture of the USA and certainly wield far too much autocratic power. Why in the world have Obama era regulations forcing home care providers to pay union dues not been rescinded?

IT'S CALLED RIGHT TO WORK

On behalf of the American Civil Liberties Union (ACLU), we submit the attached comments to the Centers for Medicare & Medicaid Services. Please stand with President Trump, and help to stop union dues skimming. Healthcare workers deserve to keep all their money.

PLEASE ENTER YOUR COMMENT HERE
Be honest and honorable and don't take what is not yours

I see extra charges because Medicare pays so little of the bill so where is the rest of the 80% that Medicare should pay? Stop stealing from the people; you make enough to get by comfortably. Please have a heart and do the right thing. To the unions overseeing the home care industry and the politicians, stop robbing those who are taking care of the elderly. Why do you permit these unions to skim from caregivers driving the cost of care to skyrocket? This is harming the elderly. Union bosses making six-figure salaries are stealing money from the people who are taking care of the sick and elderly. It is time to stop Unions from being able to charge any fees regarding any Medicare, health care or any other government program. This is one of the most outrageous things I have heard lately. Please make every effort to stop this ASAP.
Thank you. I urge you to stop skimming union dues.

Just REVERSE it. One simple vote WITHOUT add-ons.

Stop unions from taking members' money.

Unions should not be able to skim money from Care Givers. It needs to stop.

End union dues for home health care providers!

Stop dues skimming! Union bosses should not be stealing from those who are caring for the sick and elderly. This is a crime.

PLEASE ENTER YOUR COMMENT HEREWe are tired of union corruption!

We the people are sick and tired of Government corruption...
Stop Obama era regulations and importantly STOP the Obama union stealing health care deal !

Im against forced payment of union dues.

Please stop this corrupt scheme for monies stolen to be used not for the Care Providers, but for someone else's retirement.

Please stand with President Trump and change the rules that Obama set up that allows thieving officials to steal from the people.

People should have the choice of how their money should be used. Health care workers don't make enough anyway.

PLEASE ENTER YOUR COMMENT HEREstop the unions from stealing from the caretakers

Please stop union officials from skimming union dues from American Care Givers.

Stop the Obama union health care steal deal

This is totally wrong to allow the Unions across America to steal funds from Care Givers!!!!!!!!!!!!!!
This needs to stop. It is my understanding that some of the funds for home health care are going to unions. This is not something that should be allowed.

Take all unions out of Government departments, being it's government that means WE the people have the right to control our own money.

Please stop unions from skimming dues from home healthcare providers. Unions should not be allowed to skim dues from home healthcare providers.

Please stop government unions from stealing taxpayer money from the healthcare givers. Thank you.

Please look into and stop union misappropriation of monies meant for services/care providers.

Unions were necessary once but now they are just theft machines for union officials and bureaucrats! Please stop them.

Please stop the unions skimming union dues for Medicare Home Care workers under rules established during the Obama administration.

Please deal legally and immediately with these out of control Gov. unions.

I would ask you help stop unions from stealing money from home health care providers. This is unacceptable! They are stealing from the elderly.

Please take action asap, the unions are crooks look into local 805 cutting my pension from 3000 dollar taking 2670 dollar a month.

End Union Dues skimming immediately!

See attached file(s)

My name is (b)(6) I reside in (b)(6) and I am proud member of UDW AFSCME local 1000. Please stop skimming people's wages, it's not fair.

PLEASE STOP UNION SKIMMING OF MEDICAL WORKERS PAYMENTS FROM MY TAXES. STOP THE FORCED PAYME

(b)(6) br> (b)(6) br>United States
Having to write checks is the worst pain
Stop unions from taking nearly \$200 million a year from Homecare providers!

I am impacted by this issue because: I work and I am entitled to decide how and what I spend my money
both of my children were STNAs and both no longer are. They had to work hard to care for the patients in the retirement
See attached file(s)

Stop stealing Medicaid money!

My name is (b)(6) live in (b)(6) As an IHSS Home care Provider. I have been taking
See attached file(s)

These people make very low pay and do not need any group taking the little they make.

See attached file(s)

Missouri is on the threshold of upholding its Right to Work law or throwing it in the trash. Union bosses are spe

Not being able to pay my dues through payroll deduction adds to my burden of having to remember to
I am writing to urge you not to change the regulations around home health care workers paid by Medicaid to have
See attached file(s)

I am writing this letter because I truly believe CMS is trying to make my life more complicated by making me
Stop government Union ex. from robbing America's care givers.
See attached file(s)

This will impact my family financially we need this job to pay our rent and feed my children.
</p>

I was very angry to hear about this proposal. It is a breach of trust on your part to decide you have the right
See attached file(s)

Please review the practice of Medicaid dollars being used for union activity. If this is so it must stop.

My Name is (b)(6) I am a Homecare Provider . I have been a provider for 3 years. I have been
See attached file(s)

PLEASE ENTER YOUR COMMENT HERE stop the scam of unions stealing from caregivers

My (b)(6) is a double amputee who without IHSS would not be able to receive the care that she needs. Being
Stop the government and union bosses taking money from Medicare, etc. It is for those of us that are SENIORS NOT

I've been a UDW union member since 2012, I take care of six different clients all are non family members
PLEASE stop the unions from skimming off our tax dollars. Keep the pressure on all unions. Glad you managed to

8/9/2018

Centers for Medicare & Medicaid Services
Department of Health and Human Services
See attached file(s)

Stop the Government union from forcing home care providers from having to pay the unions.

To whom it may concern, Hello, my name is (b)(6) and I am writing in opposition to the proposed
Stop robbing America's Care Givers. Let's stop all government theft.

It would affect me because I'm always busy and I would forget to make the payment for the union. And
See attached file(s)

This is in response to the CMS proposed regulation change, CMS 2413-P, removal concerning the elimination
Why do Democrat Unions get all that money dummies! PLEASE ENTER YOUR COMMENT HERE

Once upon a time, unions were useful. Now, unions just scam people out of their hard earned money. Unions do not
STOP ROBBING THE WORKING MEN AND WOMEN OF THIS GREAT NATION!!! ALL YOU HAVE GONE IS STILL MONEY
Unions have morphed from a Godsend to the crooks they are today. It is past time to cut off their skimming from
PLEASE ENTER YOUR COMMENT HERE
Stop stealing from the people!

STOP THE BIG UNIONS FROM DIPPING IN THE TILL. KEEP THEIR STICKY HANDS OUT OF THE COOKIE JAR, THEY HAVE
Please see attached comment from Jobs With Justice opposing the proposed rule.

I am a caregiver for a Medicaid client. I believe I should be able to choose whether or not I pay union dues to SEIU
See attached file(s)

OPPOSE Proposal #CMS-2413-P. Dear CMS, My name is (b)(6) I am an IHSS provider and a provider

PLEASE ENTER YOUR COMMENT HERE
The Unions do not locate the people needing the services of Care Giver

To whom this may concern, My name is (b)(6) I became homecare provider in the In Hon
Act to do more protecting all workers.

Being a home care provider is a great job but at the same time a big job and responsibility that I love to
This taking of money from caregivers by big unions must stop immediately for the sake of the patients being taken
Please stop robbing the American people you suffered enough deep State and all these corruption is going to go b
See attached file(s)

Please stop deducting union dues from home health care workers. That is basically highway robbery and the union
Please stop Unions from fixing elections by using dues without members voting on which party is to receive the m
Please, STOP allowing the theft of Unions' dues skimming from any taxpayers' funds or medical programs like the
See attached file(s)

Please stop the crooked unions and their bull shit.

I strongly oppose proposal #CMS-2413-P as it clearly takes my right to choose how I want my payroll deduct
My neighbor did in home care for years. Caregivers give more care for less than the understaffed public institution

To Whom It May Concern, My name is (b)(6) and Im a home care provider from Merced
See attached file(s)

PLEASE ENTER YOUR COMMENT HERE People's dollars matter. If rate of taxation is 45 cents per dollar and then yo
Please stop the unions from skimming and the undue regulations! We have had enough of this. Do the right thing
I am deeply concerned and outright opposed to the proposed CMS rule change, CMS-2413-P, that would negative
No one should be compelled to join a union or pay union dues. It is particularly ironic that the lowest paid employ
Comments from The Health Care Employees/Employer Dental and Medical Trust Fund attached.

Please stop the Government unions from robbing us blind. It's time to end Government unions, I'm sick and tired
Please see the attached document for Providence St. Joseph Health's comment letter.

Union dues skimming isnt about care. It's unfair that money skimmed from providers is used to further unions' ov
Please stop Union Bosses stealing Medicare funds

Freedom and equality for all!!!!

Lets do the right thing and get rid of this regulation that lets unions skimm dues from thier members.

Stop the Unions from skimming and stealing money from these hardworking home car providers.

PLEASE ENTER YOUR Stoprobbing the Americans and do what we sent you to DC to do!!!!!!OMMENT HERE

See attached file(s)

Stop Gov. Unions from robbing care givers. This should be illegal.

I believe unions were set up to protect workers who are not doing the jobs they were hired to do.

Please. No more union bosses receiving any money from my taxes.

STOP Union thievery from Medicare. Leave it for the caregivers that matter!
Obamas days are OVER!

Stop stealing from America's Care Givers! You just validate the idea that Unions are run by a bunch of crooks! M
See attached file(s)

See attached file(s)

Please stop union bosses which are teaming up to keep their government sanctioned racket up and running by sk
To Whom It May Concern:
Please see the attached comments on behalf of the National Health Law Program,
THIS CRAP NEEDS TO STOP AND STOP NOW!

The Honorable Seema Verma, Administrator

August 13, 2018
Centers for Medicare

Unionization should always be optional, not forced

Stop the greedy Unions from ripping off U.S. citizens!

Stop union dues thievery of Medicaid dollars! End Obama fat-cat skimming--anyone else would be in jail! Why do
More Government scams !

See attached file(s)

enough is enough already!!!!!!!!!!!!

I support the CMS proposal number CMS-2413-P. Please repeal the 2014 regulation that allowed states to deduct Please don't allow government union bosses to skim dues money that ought to go to care givers in this country. It Diverting any amount of Medicaid funds away from those in need in order to subsidize a union agenda, one that n PLEASE! Government should NEVER have even the least bit more than the private sector. Enough already! The fe
See attached file(s)

These awful regulations should be removed as fast as possible.

As a State Senator in Maine, I respectfully write the Department of Health and Human Services and the Centers fo
Stop unions skimming

This is just plain WRONG! In view of the recent Supreme Court decision,shouldnt you do your best to see that the
This theft must stop. There is no justification for it.

Thankfully President Trumps conservative administration is working around the clock to repeal as many terrible O
Please stop taking union dues from hard working healthcare workers.
Every crumb that can make it into their
no more!!!!

We are opposed to allowing Gov. Unions from robbing American's health care givers.

Stop Union leaders from skimming union dues.

Care givers have a difficult job and do not need unions ripping them and the taxpayers.

Stop the robbing of our people from unions. We shouldn't have to pay into unions if we don't want to.

As a concerned resident of Connecticut, I strongly support the proposal for both legal and policy reasons and urge
The homecare workers who are unionized have seen wages go up, training increased. The net result is a more pro
Plase stop these gov.unions
Stand up for care givers
show all the care givers that you truly are with them
Everyone should get the choice whether they join a union and should not be harassed when trying to care for fam
STOP YOUR STEALING!!!

Please rescind regulations that allow union leaders to steal millions of dollars from home care providers by ending
In Washington State our older adult and disabled residents receive enhanced and better care through the individu
Stop robbing America stop big union bosses ! Do your job

Applied Self-Direction is the technical assistance and training arm of the National Resource Center for Participant-
Stop big union bosses stop stealing money and start doing your job

No SKIMMING

Please see the attached comments from the California State Association of Counties (CSAC), County Welfare Direc
Deep State Democrats enacted a ton of unspeakably awful regulations, destroying countless good-paying America
Stop stealing money start doing your job! End big union bosses mobbing money

See attached file(s)

See attached file(s)

DO YOUR job and end the mob union bosses stealing money !

Stop gov unions from robbing medicare. Medicare is for services to elderly that have paid into it, not for people to
In light of the recent Supreme Court ruling regarding mandatory union dues from government workers, why in the
I STARTED AND OWNED AND OPERATED FIVE BUSINESS FOUR WITH MY IMMEDIATE FAMILY IN CALIFORNIA, NON
Stop gov unions from skimming.

Stop union bosses robbing us! Do YOUR job!

As a caregiver I deeply resent money going to the union bosses fro mb people like me who are actually doing som
Please do not allow these corrupt union people to steal these hard working Americans money. Please put a stop t
I, respectfully urge the Department of Health and Human Services to undo this crooked regulation of stealing milli
I am a caregiver for a Medicaid client and I support CMS proposal number CMS-2413-P, I do not agree to have uni
Stop this union thievery and end dues skimming immediately.
Protect our Care Givers.

Please see the attached file for comments by Western Center on Law & Poverty.

Please create legislation to stop government unions from taking unfairly from American care givers. Thank you.

Please reverse the ability of unions to skim money from medicare/Medicaid payments. It should be unlawful.

Stop the government unions. No need for them anymore.
They have become a corrupt lobbying arm of the DI

See attached file

Please stop this madness. You know this is wrong so do the right thing. Thank you

Pouring child care \$\$\$ into union coffers using the mandate of government law is not only unfair, its un-American

See attached file(s)

Please stop the government unions from taking money from the caretakers of the elderly.

See attached letter

First of all the public sector has no business unionizing.

Stop this crock union bosses now.

Please stop the unions from skimming funds that should go to the caregivers.

See attached file(s)

Caring for an invalid or terminally ill person is extremely exhausting & stressful on a family caregiver! Tr

PLEASE ENTER YOUR COMMENT HEREplease stop the skimming of the union dues and robbing people of their hea

Help to clean up Congress. These "perks" by Congress and their large supporters are simply not fair. They steal mo

Please end unions from using medical funds to their use

PLEASE YOUR COMMENT HERE
Stop the unions from coursing money from people that do not believe in

I want Government Unions to stop robbing Americas Care Givers! It is unfortunate that you even think to do such

Stop union theft.

See attached file(s)

Please end the corruption that robs not just the workers but the taxpayers.

PLEASE ENTER YOUR COMMENT HERE Protect the caregivers but not the union.

No more mob union bosses stealing money !

PLEASE ENTER YOUR COMMENT HEREplease fix our health care it's bad for America

Please put a stop yo this!
gb

Pgov. workers should have never been allowed 'unions' ...once needed -unions are not needed anywhere today =

Pennsylvania Department of the Auditor General Comment re: Concerns with proposed rulemaking:
-Preventi

PLEASE stop letting unions force people to pay for their right to work.

Let the unions pay for their own healthcare.

To CMS:
As an Iowa State Representative, I respectfully write to request HHS and CMS enact the proposed ru

Please do not allow the unions to take money that is not rightfully theirs that should go to America's care givers.

The only money unions should ever collect is from volunteers. Confiscation should never be permitted and violatc

Stop draining of Medicaid from Home Health Care and giving to Union staff.

Stop Union Thuggery!

Put Government Unions on the same level as regular citizens. Make it easier to fire the non performing and prose

Government unions have no rights to Medicaid funds. Hands off.

As a Missouri State Representative, I respectfully urge HHS and Centers for Medicare/Medicaid Services to enact C

Stop your corrupt actions concerning our American care givers.

Gov. unions should not take cmoney away from care givers. Please stop this!

Attached please find comments from the National Womens Law Center (the Center) in response to the notice of p

See attached.

Please see attached file on behalf of the members of National Taxpayers Union.

WE ARE INTELLIGENT ENOUGH NOW TO NOT NEED UNIONS.

You are doing a great job.Plase continue to hammer the corrupt unions

PLEASE stop misusing our tax paying money!

Please do whatever you can to stop these unreasonable regulations and unscrupulous union bosses from taking a

I don't believe unions should be able to take money involuntarily. I also don't think they should have the power ar

See attached comment letter.

I am writing to ask to you stop union bosses to steal nearly 200 MILLION MEDICAID DOLLARS A YEAR from America
PLEASE ENTER YOUR COMMENT HERE. Stop Government Unions from robbing Americas Care Givers!!!!
Gove
Please stop the robbing of hard working peoples money now!!! These people need all the money that they have e
There is no good reason for unions to rob money from America's care givers. President Trump needs to fix this pr
Your theft of money denies patients and care givers funds to do their work. If you can't undo this then, you need t
Don't let government unions steal money from personal caregivers under the "guise" of ""representing" them. Fo
Stop the unions from draining money.

Washington state has one of the nation's oldest models for participant self-direction --- its origins dating back to t
Cut funding to unions! Dont allow them to skim money from our health care system!

See attached file(s)

California Attorney General Xavier Becerra and California State Controller Betty T. Yee urge the U.S. Department c
PLEASE stop unions from collecting union dues from folks who have not consented to join the union,
skimming is wrong and should be stopped and/or made illegal. Money people spend should go to what they inten
Stop unions and all others from skimming medicaid now!
Do your job! Now!

Previous administrations enacted rules and regulations which permitted union leaders to skim funds in the form o
PLEASE STOP UNION DUES SKIMMING IMMEDIATELY!!! STOP GOVERNMENT UNIONS FROM ROBBING AMERICA'S
The Leadership Conference on Civil and Human Rights (The Leadership Conference) writes to comment on this no
please do your jobs. Thank you.

In response to the proposed rule change (CMS-2413-P) that amends the 2014 clarification on the anti-reassignme
Please stop skimming from union dues and robbing from Americas care givers.

The proposed rule would bring the distribution of Medicaid funds in line with the purpose of Medicaid, deter wast
August 8, 2018
Centers for Medicare & Medicaid Services
Department of Health and Human Service:
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CM:
Please do away with the regulations allowing union skimming. From everything. If an individual wants to join a uni
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CM:
PLEASE STOP UNIONS FROM STEALING FROM WORKERS DUES

Please get rid of the Obama era regulations that give Union officials hundreds of millions of dollar from the Medic
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CM:
Please stop the union boss' skimming of union dues immediately.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CM:
Please stop taking money from those who provide quality of life care for Seniors and other patients.

Please see the attached comment on behalf of the State of Illinois from Lise T. Spacapan, General Counsel, Office
Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern:

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CM:
Please see attached comment letter.

Stop Unions from robbing Medicare.

Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern,

Please make sure the Dept. of Health and Human Services prevents union thieves from taking money from care gi

I am a State Representative in South Carolina, and I write to ask the Department of HHS and CMS to enact the pro
PLEASE ENTER YOUR COMMENT HERE
Stop Unions from forcing dues on people.

Stop this nonsense now! Stop Gov. Unions from robbing Americas care givers! Make these cowards pay all of it b
Medicaid is already in trouble. Please stop union bosses from stealing hard-earned \$ from honest taxpayers!!

PLEASE stop this six figure robbery

I am opposed to the proposed rule. It should be easier for Unions to organize and collect dues, not harder. Unions
If you have an ounce of integrity left, you will undo all of this nonsense!!

I have just become aware of the Gov. Unions from robbing America's care givers!

Please do not allow Unions to take money from Medicare, Social Security or any others

Please do not keep taking the money that belongs to Med Care. Thanks.PLEASE ENTER YOUR COMMENT HERE

Please do everything you can to stop unions from skimming federal dollars from CMS funds. Unions should be sel

I am disgusted with your actions of "ripping off" our hard working caregivers !

PLEASE ENTER YOUR COMMENT HERE
Why are you not doing anything about these regulations the Dems are

We need to stop all of the fraud Obama's policies for they were not good for this nation or the people, they only p

Please stop the monetary skimming that the unions are perpetrating on home health care workers!

Stop robbing those who are helping others.

See attached file(s) from Senator Mark Miloscia and Representative Paul Harris from the Washington State Legisla

Care workers should not have to be unionized.

Stop Gov. Unions from robbing America's Care Givers.I am sick of the Government taking my money.

Looking forward to a change ...

I oppose the diversion (skimming) of Medicaid funds to unions for three reasons, the last is most important.
1

PLEASE ENTER YOUR COMMENT HEREPlease help us keep. What is ours

Stop stealing from the American people and repeal all regulations giving elected and unelected officials the power

As a California State Senator, I write the Department of Health and Human Services and the Centers for Medicare

Respectfully, we out here in the real world would really appreciate you managing the taxes derived from our hard

Please exempt home health care workers from union dues. The unions do not deserve to get the medicaid money

Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P.

I

Please stop the unions from skimming dues and giving back to the Democratic party. It is wrong and unfair to the

PLEASE ENTER YOUR COMMENT HERE
This is so unfair!!! Stop the skimming now!

Home care providers is a much needddd service. Stop union dues skimming. Overturn this crooked regulation.

Stop Unions skimming of Medicaid from dues

Please vote to stop the Union dues skimming of Medicaid!!!

Please, combat the craziness going on in America!

PLEASE stop the union benefit skimming.
Thank You.

Stop letting unions steal from home care providers. Dues skimming is outright robbery. Medicare doesnt pay muc

Unions should not be allowed to require for any worker.

These regulations that allow unions to fleece workers are unconstitutional and illegal. Stop this criminal abuse and

PLEASE clean up the mess the Democrats have made.

STOP union thievery

Dear Officials,
In considering what Ive learned about the Obama Era regulations, Union Dues and the skimmir

There should be no government unions
Stop government unions from Robbing American caregivers

Democratic parties please stop trying to gut your system to turn us into a socialize bs system and NWO it will not

STOP, USING UNION DUES MONEY...

Please Stop Gov, Unions from robbing American"s Care Givers, Gov, needs to stay out of this.

Please stop Unions from stealing from health care providers. Stop the dues skimming immediately.

PLEASE ENTER YOUR COMMENT HELet's put an end to the union thievery of home care providers.

The process is simple, stop government from creating sanctions that take taxpayers money from things like Medic

Stop funding the unions with tax payer money!

Please stop union dues skimming so that the elderly can get the care they need and deserve.

PLEASE stop the Gov.'t Union ripping us off!!!.....

One of the forgotten rights guaranteed under the First Amendment to the U.S. Constitution is the Freedom of ass

I thank you for your work for us. I would like to make an opinion known with that being said. The transfer of mone

We're counting on you to do the fair and just thing. Investigate the allegations that Government unions are skimr

Please stop this practice ASAP. These Union bosses only care about what they want. They don't care about what t

Ruben J. Garcia, Professor of Law, University of Nevada Las Vegas*
Paloma M. Guerrero, Third-Year Law Stude

End dues skimming!!!!!!

As Speaker of the Iowa House of Representatives, I respectfully ask the Department of Health and Human Services: PLEASE stop robbing the poor people that are caregivers to others.

PLEASE ENTER YOUR COMMENT HERE. I am a caregiver and I object to unions taking any money that I need to

PLEASE ENTER YOUR COMMENT HERE Stop unions from skimming off the backs of workers .

Need you help to stop Government Unions from robbing America's care givers.

According to a recent study by the Freedom Foundation, union dues skimming amounted to \$150 million in 2017 . This should be voluntary.

Stop the unions from ripping off medicare from health care workers. The unions are robbing health care workers a

August 13, 2018
The Honorable Alex Azar II
Secretary
U.S. Department of Health & Human Servi

The skimming of our Taxpayers money from the HealthCare Givers has got to STOP now! Big Corp CEOs & am

Leftist union bosses making six figure salaries are stealing money from the people who are taking care of the sick a

PLEASE STOP UNION SKIMMING FOR POLITICAL GAIN! Mandatory union dues dollars being spent for political influ

Having been an Independent Living Specialist , I worked with Care Givers.
Great hard working people who can

VOTE REPUBLICAN AND STOP DEMOCRAT DEMOCRAP!

Please stop the forced union dues

Please stop allowing union leaders to take Medicaid money from home healthcare providers.

Please see the attached comments from Ben Straka, Oregon Policy Analyst for the Freedom Foundation.

See attached file(s)

The CMS must withdraw CMS-2413-P. Home care workers paid directly by Medicaid must be able to have their un

Please stop this stealing now! These kind people who take care of our parents (and their's) deserve so much more

I totally agree to propose the rule of the Medicaid Program Reassignment of Medicaid Provider Claims. Reasons b

Please make every effort to stop Union Bosses from taking money from Health Care workers. These workers need

Greedy unions are constantly sapping the earnings of hard working people who do care taking for the infirm. The

My (b)(6) as had Alzheimers for nine years. We have been able to keep him at home with the help of many ca

My (b)(6) and I have a special needs (b)(6) who requires a PCA. Rather than employ someone else to provide care for

PLEASE ENTER YOUR COMMENT HERE
Those salaries are amoral and keeping money away from family memb

I am a PCA and take care of my (b)(6) I think it is very unfair to force care providers into unions and payi

Stop union officials from skimming money off dues paid by workers. Is this part of the reason Michigan's econom

WE DO NOT NEED UNIONS

Unions get more than enough money from their members. We don't need our tax dollars going to support them v

PLEASE treat all people fairly! Stop taking money that does not belong to you!

PLEASE stop the union dues skimming, by undoing the crooked regulation that makes it possible for unions to sk

This government union robbing has got to stop. Take action now!

union bosses are skimming nearly 200 MILLION MEDICAID DOLLARS A YEAR from Americas home care providers. I

See attached document.

please stop the corruption and waste in Washington

Unions had their purpose decades ago, now they are destructive to commerce.

Please stop the Union Officials from skimming off the Union dues and from the Home Health Care workers.

Please stop unions from skimming funds from Medicare payments.

PLEASE stop unions from skimming health care

It is past time to stop Medicaid abuse. Stop the government unions access to Medicaid immediately. They have be

As a care giver, there is no way I can afford to be a union member who must pay union dues. I am a (b)(6) who take

Union bosses steal nearly 200 MILLION MEDICAID DOLLARS A YEAR from Americas home care providers. Please st

Comments from Maryland Public Policy Institute attached

Stop robbing the medicade syste

Please end this problem and stop government unions from robbing America's care givers.

PLEASE STOP THIS DUES SKIMMING IMMEDIATELY.

Stop Union thievery and dues skimming from those who can afford it least and get the least benefit from Union int
Stop the deductions for unions.

Government unions have become a bank account for Democrats and Progressives only, I am a Conservative and w
PLEASE stop those crazy gov't. Union's....

August 13, 2018
Via Federal Rule Making Portal

Secretary Honorable Alex Azar
Administrator Sec
PLEASE legislate for the benefit of UR constituents under this republic U vowed 2 uphold its democracy ideology.

PLEASE Stop skimming off of the top of money paid to caregivers. The unions do not deserve it.
Thanks</p>
PLEASE ENTER YOUR COMMENT HERE I am not working but have young families still working. Why can5 we get rid
forced union-ism is unconstitutional.

PLEASE ENTER YOUR COMMENT HERE Stop government unions from robbing Americas caregivers.

stop the unions they are a leach on society to allow them to do this is wrong

Please do everything you can to stop these forced collections from Home care providers, the Unions are not good

THIS IS OUTRAGEOUS ROBBING AMERICA'S CARE GIVERS! PLEASE ENTER YOUR COMMENT HERE

Stop the stranglehold that government unions have over hard working Americans. Furthermore, there should be
The Unions are too big!

The first one to use a good idea to get a chance to stop receiving any money for the Crooked Union Boss. Its like th
We need to replace anti-
american Democrats with
pro-american Republicans.

This corruption must cease and those responsible brought to justice.

PLEASE ENTER YOUR no more union dues HERE

We need to ban all gov unions because they are illegal and any biz with a union on the premises should not have a
August 13, 2018
The Honorable Alex Azar II
Secretary
U.S. Department of Health & Human Servi
Let's put Justice back in the American Way.

PLEASE investigate the thievery that us occurring by unions. We cannot allow that to continue.

I am writing in support of the proposed rule: Medicaid Program Reassignment of Medicaid Provider Claims.
A
Stop the unions from robbing our benefits. Give it back to our care takers.

This is just another example of an out of control government.

Please stop the union bosses from stealing medicaid funds
intended for poor people that often don't even ha
Comments from State Policy Network attached

PLEASE Stop unions from stealing care givers dues for political causes.

Please stop the practice by the unions to skim money through obamacare from home health caregivers and taxpa
I urge you to stop union dues skimming now. It's a slap in the face to our care givers.

Stop Union dues skimming immediately. 8/7/18..

The unions have far outlived their time. Nobody has the right to demand pay offs from ANYBODY!

Please help the Trump administration stop this job-killing regulation.

Please stop forced union contributions - it is a theft!

Stop Gov. Unions from robbing America's Care Givers! Unions have an unfair advantage!

STOP THE RAIDING AND THIEVING FROM MEDICARE NOW !!!!!

Our business has lost employees who tell us if they work over a certain amount of hours theyll loss their Medicaid
Stop this unnecessary regulation. Utilize good common sense and utilize these funds on those intend to help or fo
With all the things going on in the USA, thief should not. There is no reason for stealing from the people working
End regulations that allow corruption by the union s.

Every so called program that receives money from the federal government needs to be reviewed to see who is pr
As a Medicaid-paid caregiver for my (b)(6) since 2008, about 11 years, Ive had union dues withheld from my p.
Please stop the Union bosses from steeling money from the Home Care Workers!! They are thieves.

PLEASE ENTER YOUR COMMENT HERE
Corruption, no matter the source must be investigated and exposed fr

Please stop Unions from taking funds away from healthcare givers

Skimming for union dues is stealing. Plain and simple.

Please put an end to the government graft and from officials taking money set for the general good of the people
Stop Union thievery and end dues skimming immediately! As a government official, representing your constituent
PLEASE ENTER YOUR COMMENT HERE No government unions needed !

Please Stop the unions from skimming money from the American caregivers and use this money where it is
Enough is enough! You're robbing hard working people of their livelihood! Support President Trump in his efforts
PLEASE ENTER YOUR COMMENT HERE

Get the GOVERNMENT Union Bosses OUT of the Medicare CHECK BOOK!!!
Thank You
YES THIS NEEDS TO BE STOPPED. and A.S.A.P.

(b)(6)

This was a bad move by President Obama. They should have had a chance to vote this in or vote no to the union in
Please keep up your efforts to change the way these people are treating the needy families in the continuing effort
The union thievery and dues skimming must stop now. Please undo these crooked regulations ,
Stop stealing
This wrong and must stop.

I recall a time when unions represented honest hard working people. But, alas, now they have become money la
Previous administrations enacted a ton of unspeakably awful regulations, destroying countless good-paying Amer
The skimming of dues from Medicaid payments for home healthcare is as wrong as the coercion of public employ
Montana Policy Institute is a 501(c)3, non-profit, non-partisan think tank based in Helena, Montana. MPI focuses o
All workers should be free to choose if they wish to belong to a union. Forced unionism is not the American way. P
PLEASE ENTER YOUR COMMENT HERE unions serve no purpose other than to line the pockets of those that run it
Unions should not be in a position to demand money from people that are not interested.

Care givers work very hard. You or a loved one might need one some day. Stop letting Unions Steal Millions from
Stop government unions from robbing ANYONE. But you must stop them from stealing from America's Care Giver
Unions had their place in time but that time ran out long time ago when they started playing on the political real
See attached file(s)

Please end the skimming of union dues right now . It is wrong and unfair to all taxpayers and should end immediat
Labor unions should not be receiving funds from Medicaid. They should be using their own medical insurance like
please remove all unions from Medicare subsidies paid for by American tax dollars without authorization from the
Limit the govt. unions power to force payments from the workers.

August 13, 2018

DELIVERED ELECTRONICALLY

The Honorable Seema Verma, Ad
Democrats ALWAYS proclaim they are the party for the less fortunate and lower income but during Obama's presi
Help the people in the trenches who are doing the REAL work.

If you want to save money, stop the bleeding!
I have contributed to healthcare for years and years. But they l
After having lived in both California and Texas, I now have an appreciation for unions. This is not a positive apprec
Thank you for taking recipients into consideration during your deliberations.

Please Stop taking our money ...

Unions are not good for workers. Please stop this union thievery and end dues skimming immediately.

It is time to stop the Union dues skimming from Medicaid dollars. Michigan is a Right to Work State and we do no
The angels that care for our less fortunate need to take home as much compensation as they earn.

The Department of Health and Human Services needs to stop the crooked regulation of union dues skimming that
Stop allowing government unions from Robin American caregivers! It is criminal!

PLEASE ENTER YOUR COMMENT HERE
See attached file(s)

To the Department of Health and Human Services: Please repeal the Obama regulations which allow union bosses
Re: Comment in Support of the Centers for Medicare & Medicaid Services Notice of Proposed Rulemaking Re
Please keep the Unions out of citizens paychecks! This is thievery! Let hard working Americans keep their money!
Enough of this type of behavior. Do what is right and reverse this decision.

It's such a shame that PCAs are still forced to be unionized by SEIU. Their homes, families, and profession have be
Every citizen has a right to work for wages. It is unconscionable that others would confiscate a portion of others e

Get Unions Out of Healthcare. Unions are corrupt There was a time for Unions- but that time has gone PLEASE
 Stop the Union bosses from skimming money away from health care workers now! How can you let people get away
 Undo all Obama era regulations.
 From the justification of the proposed rule: "We are concerned that these provisions are overbroad, and insu
 PLEASE STOP THE UNIONS FROM SKIMMING FROM MEDICAID
 Dear ELECTED Official, We need to stop union leaders from taking Medicaid dollars, 200 million per year. Wh
 Let us clean up the swamp!
 PLEASE stop the union dues skimming asap. Thank you
 DRAIN THE SWAMP NOW!
 See attached letter from Senator John Braun, 20th Legislative District, Washington State.
 This proposed rule change is another slap in the face of caregivers to our disabled and elderly population. People
 Please help home health workers keep the hard earned money that they get from taking care of our family memb
 PLEASE ENTER YOUR COMMENT HERE. Correct this give way to the unions.
 I was robbed of dollars I could'nt afford by the Union I had to belong to 64 years ago, so I am familiar with Unions
 Stop Union thievery by taking workers money from their paychecks when they dont want to pay if not in the union
 Instead of supporting the home care providers, the US government is stealing needed dollars and rewarding union
 STOP wealthy union bosses from stealing nearly 200 MILLION MEDICAID DOLLARS A YEAR from Americas home ca
 We are aware that there is a conflict between The Center for Medicaid Services (CMS) regulations and a federal re
 stop union thievery and end dues skimming from home care providers
 Robbing from America's Care Givers...SHAME. Stop the Unions Now.
 Why-since you have been operating under Donal Trump for over a year- is there still an active law allowing unions
 NO!
 PLEASE ENTER YOUR COMMENT HERE Thank you President Trump for undoing what Obama did to our country.wh
 This long standing CORRUPT practice must be stopped. The American people must be protected from these greed
 Stop Union dues skimming! What a deceitful practice and complete lack of integrity! Restore honesty and sto
 Please stop unions from skimming money from hardworking home car providers.
 Simply put, "Drain the Swamp" To the Congress, "Support President Trump/Pence" or retire, we are watching
 I urge you to support President Trump in his efforts to stop Union Dues Skimming immediately! Stop staling from
 Stop letting wealthy Union Leaders skim off the top the much needed money for health care providers.
 Adamantly against this proposed rule.
 Stop robbing America's care givers. This is union thievery & I am asking you to end this due skimming fr
 Workers have the right to designate payments from their paychecks, for IRAs, and Union dues, and any number of
 Please stop this practice. It is disgraceful and corrupt.
 Do all you can to stamp out unions. They have become an arm of the Socialist Democrats and no longer serve the
 PLEASE ENTER YOUR COMMENT HERE Stop robbing our American taxpayers.
 Please stop skimming money from home health care givers. This is plain crooked and highway robbery. This practi
 Get union out of government.
 Stop the insanity ASAP!!!
 ENTER YOUR COMMENT HERE. Stop the unions from skimming money off of our healthcare workers! This skimr
 PLEASE ENTER YOUR COMMENT HERE. Stop the union bosses from stealing from the government and we the peo
 Please save Medicaid and America's Care Givers by stopping unions from taking these funds. Thank you
 Shut down public sector unions, redact their power & Collusion
 PLEASE ENTER YOUR CMMENT HERE. Please stop Government Unions from robbing American Caregivers!!!
 Don't let the unions steal medicare dollars! That is not an entitlement!
 Right to work in all states!
 Please send the theft of funds from Healthcare workers by Union bosses!
 No. Blocking these direct Medicaid payments means the workers especially those who dont work in a single, c

My (b)(6) needs medical care but does not have the money to pay for the care because fat cat bureaucrats Stop Gov. Unions from robbing American care givers. The government does not need to be giving unions money for Stop government and unions from robbing taxpayers and care givers.

No Medicare/Medicaid money should be wasted on the government unions. Please discontinue this practice, as it is imperative to stop union dues skimming immediately. Perhaps it's time for the unions to join the buggy whips. PLEASE ENTER YOUR COMMENT Please be fair with the people's money.

See attached file(s)

Please stop taking money for home care workers. They have a difficult job with low pay. Union bosses are robbing Stop union dues skimming! Seriously, you guys are sad and disappointing to keep hurting us like this. Please don't let six figure salaried Union Thugs rob money from the Care Givers in this great country.

Stop your stealing from taxpayers

Stop Government unions from taking underserved money and skimming the hard earned salaries of the very employees Stop with the union dues skimming. I really don't see how that is even legal.

Please investigate if there is any Medicare or Medicaid fraud, Billions are lost this way! Let's save Medicare and Medicaid Please protect our citizenship from overbearing unions. We have an obligation to care for family members who go There is no way union bosses should be allowed to skim funds from union dues.

GET RID OF THESE UNIONS

I do not support this. This proposal would hurt the most vulnerable workers among us.

Blocking these direct Medicaid payments penalizes the workers especially those who don't work in a single, centralized It should be obvious that the government should not force people to provide support to ideas they abhor.

Please stop unions from illegally taking money from America's care givers. Sincerely, (b)(6)
The practice of allowing unions to take money from home healthcare providers needs to stop.

Stop Government Unions from robbing America's Givers!!! Try having some integrity and do your job honestly!!! PLEASE no longer allow union officials to tap into caregiver funds!

Please stop this immoral and outrageous theft of those health care providers who are serving the sick and elderly I hereby strongly urge the Department of Health and Human Services to stop union dues skimming and undo the corruption Stop the unions from robbing our care givers. Don't try to make your living from these good people helping disabled When will the corruption END?

Unions might have been needed in the 1930s, but not now. Unions are like Socialism or Communism; They take away Stop the forced membership of workers!

Please help President Trump stop this union thievery and end dues skimming by the Union Bosses, etc. immediately Gentlemen, Union dues skimming from independent contractors should be illegal.. Please do what you can to shed Do to the recent Supreme Court ruling, home care providers should not be required to make contributions to unions Please stop this nonsense. The American People have had enough of corruption and underhanded efforts to STEAL PLEASE ENTER YOUR COMMENT HERE Government unions should not have the right to rob America's Care Givers.

Forcing anyone to pay Union Dues to keep a job is wrong.

PLEASE ENTER YOUR COMMENT HERE stop skimming and start doing the GODDAMNED for the Nation not a few dollars and Stop the Union dues skimming, you know it's unethical and just plain wrong.

No skimming of Medicaid funds for Union Bosses PLEASE ENTER YOUR COMMENT HERE

Caregivers who attend to personal needs of handicapped and elderly people are much needed. I know because I stop unions from stealing from care workers.

Please, stop taking union dues from home health caregivers who do not belong to an union. These poorly paid and I support caregiver / Home Care workers, and unions!

PLEASE stop union thievery and end dues skimming immediately. Act like it's your money and do the right thing Stop union bosses from skimming \$200 million dollars a year from home health care workers union dues.

This proposal is bad for everybody.

Stop wealthy union bosses from stealing nearly 200 million Medicaid dollars a year from America's home care providers

PLEASE Stop UNION BOSSES FROM SKIMMING ON UNION DUES! THIS IS WRONG!!!!

Stop this union thievery and end dues skimming immediately. The rest of the Country is trying to do the right thing. Unions stop robbing Americas care givers!!!!

I am a Parent Provider in Washington State:
 I am asking you to support Proposal # CMS-2413-P. I am VERY Th Wrong is wrong. Unions do not need to receive pay from workers who do not want their representation.

I am writing to urge the Department of Health and Human Services to immediately end the practice of union dues

PLEASE ENTER YOUR COMMENT HERE
We've got to stop messing with medicare and social security and then I

While working with MNPCA in 2016 I was able to speak with many Personal Care Attendants in Minnesota, especi

Please, stop the skimming of dues from care givers from going to union bosses.

Please help stop union bosses from stealing from home care givers through union dues.

Please, please stop government union bosses from robbing America's care givers.

Re: Comment in Support of the Centers for Medicare & Medicaid Services Notice of Proposed Rulemaking Re

It's time to stop stealing from hard-working Americans.

See Attached

See Attached

See Attached

I need a loan I glcan pay payments on and all my benefits

Bien hecho, ya que los planes advantage pagan sus costossimas promociones de mercadeo con
el dinero de lo

Stop using any and all of the Obama unlawful regulations or Executive Orders. Anything he proposed was illegal or

See Attached

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attached.

advantage programs make their own new rules of how much they are going to pay us. They also put many limits in the way we are paid. We deserve better. We deserve the same benefits as our fellow Americans. Physicians are leaving the country for this purpose, so the insurance companies can not utilize the money at their convenience. If we are already underpaid, we are being robbed of our benefits and even the patients' money for justice against the advantage programs for the past 20 years and we are experiencing a position of being forced to sign a contract with the insurance companies diverted to third parties outside of a few very specific exceptions. CMS needs to ensure that providers receive

reimbursement for services done to patients. Better rates mean our patients get the best service they need.

The providers should receive payment, otherwise Medicaid money is going to end up in hands that will not be used properly, we are tired of complying with all the requirements that we are asked to do without receiving anything in return, 80% of the money is being used for abusive health insurance companies that manipulate the doctors, reimbursement and the patients. There is no patient I know CMS makes contracts with private insurance companies but the main goal for this budget (public money) is

to divert the money to unions reducing resources for those in need! END Dues Skimming!

This is not only an overstep but an underhanded attack on home care in this country. My Story and I am writing in opposition to proposal # CMS-2413-P, because it is not only an overstep but an underhanded attack on

home care workers who are currently receiving In-Home Supportive Services in one county in California. The impact is substantially greater than the unions overstepping their bounds in using union dues for campaign issues which shows clear bias and not the violated law that will prohibit us from having our union dues and healthcare insurance deducted from my paycheck. I am a part of a group who need the protection that collective action and union representation can provide. Unions, in turn, need a "pseudo union" of home health care workers, many of them Medicaid-financed. The Act authorized mandatory bargaining (Medicaid) is not a program that is here any more I was told that Medicaid stopped at the end of 2016 and what

is CMS-2413-P? Centers for Medicare & Medicaid Services, Department of Health and Human Services, Medicaid, Child Care & Development Fund, and TANF and divert the money to unions, reducing resources for home care workers. (32)(B) permits an assignment to a governmental agency or even a non-governmental agency. Can't you just put union membership, e.g. collective bargaining, job security, and workplace safety, do not apply to home care workers? The risk for being deviated for the insurance companies as they have already stated.

Can we have "employee" benefits? That would be ludicrous. Are they covered by their state's workers comp program if injured while on the job as others do. This appears to be a thinly veiled attempt to undermine unions, and it is not acceptable.

The negative effect it could have on the quality of home care services and on the workers who provide them. Insurance Coverage. Each month the premium for my health insurance is deducted out of my check. I am a single mother with two children and my car is a road block. These are people who earn little and do much to save older and disabled people from going into nursing homes. I speak from experience. See, here is another reason why we shouldn't have set up these unions that make it much more difficult for home health workers to pay union dues. Without these dues, unions will not have the resources to fight for the workers. The program that is funded through Medicaid will weaken workers' abilities to work collectively to improve their working conditions (i.e., unions). Home caregivers are often relatives or close friends of a family, and they receive the Medicaid reimbursement for the recipient receives it.

Address: 200 Independence Avenue, S.W., Washington, DC 20201
Request for Extension of Comment Period
TRANSPARENCY PROJECT in response to Proposed Rule CMS-2413-P, "Medicaid Program; Reassignment of Medicaid

am one of the currently scarce sub-specialists on the island that, as you are aware, has the highest rate of diabetes to the questionable certification to unionize Personal Care Attendants in Minnesota, many of whom work to care

ices, Department of Health and Human Services
Attention: CMS-2413-P, P.O. Box 8016, Baltimore, MD 21244-8016
of the way local health insurance companies operate. Physician and most importantly the patients are being affected

migrating to the continental USA in search of better opportunities. This move was long overdue and is welcome. The challenges generated it. Let not make physicians "2/5 of a man".
bests,
RP MD

s. Even though unemployment is low, wages remain too low, and a major reason is that workers have lost their jobs. Populations among us. I oppose this completely. Dr. Ruth Needleman

our members. I call on you to reject this change which would leave care providers in a much worse position than they are across the country. This is not the function of government and would devastatingly undermine the incredible value of Medicare in PR are NOT receiving the medical care they deserve, because the private carriers as MMM PMS are not concerned concerning third-parties. I am especially concerned that the Centers for Medicare and Medicaid Services (CMS) is proposing a "Reassignment of Medicaid Provider Claims" (CMS-2413-P) that would basically eliminate the dues check off for union members, and the only effect will be to disallow automatic deductions for union dues. There is no evidence the change will improve the quality of care. CMS-2413-P

Unionization has enabled these workers to get health insurance, workers compensation, standard rules on the job, and benefits for millions of workers, elders, and children. It is an appalling attack on workers' rights.

Home care is one of the most important services we have already been allocated to workers. This proposed rule change through CMS effectively strips workers of their rights.

CMS-2413-P. There is no data to support the Centers for Medicare and Medicaid Services assertion that Medicare and Medicaid are in the interests of home care workers and their families, the vulnerable populations they serve, and ultimately the patients they care for.

ters of healthcare workers.
This change is not administrative in nature, but an attack on the unions and coalitions they are becoming more important than ever.

I note that these workers have voluntarily chosen to exercise their 1st Amendment rights to join and support a union and the right of choice & free speech. If we are to continue with this logic, care workers CHOOSE to join a union and represent their interests and the quality of care they provide to those in need. These workers need union protection.

The security for millions of workers, elders, and children. I stand with home health workers and their unions!
Respectfully,

ian Services,
Attention: CMS-2413-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Comment on CMS-2413-P, Medicare and Medicaid Program; Reassignment of Medicaid Provider Claims

1, Medicare and Medicaid Program; Reassignment of Medicaid Provider Claims

As a union representing over 70,000 members, we have a deep understanding of regulations, contracts and rules and rule-making processes. The homecare worker population is the largest and most vulnerable. We have fought, fraud prevention and provider education and partnership efforts much better serve the folks getting home care than this Administration (Trump) to destroy our unions and weaken our collective voices. This rule prohibits home care workers from representing themselves. The security and protection that union representation provides mean better services and care for the people in need. The security and protection that union representation provides mean better services and care for the people in need. The security and protection that union representation provides mean better services and care for the people in need. The security and protection that union representation provides mean better services and care for the people in need. CMS is repealing the law that states and forces such a thing

, because it could jeopardize the critical care network that many of our members depend on to live in our homes. The dues from wages earned by Individual Providers and passing the funds to SEIU and then sending the balance to the union off to earn being taken away and used in ways I did and do NOT agree with!!!
Nobody should be able to take away the right of workers to choose to join unions. I believe this alteration would enhance the obstacles that people, especially the older and vulnerable, are threatening the lives of home care workers and the people they care for.

Please leave us alone.

and children to receive the protection that they deserve.

Health insurances are killing our profession. Be more strict with them. Advantage are taking advantage of patients benefit from these monies depriving providers of adequate reimbursement for their services and ultimately limited care. Medicare and Medicaid Advantage insurances in PR are paying only a fraction of the services rendered and customary

any union dues and that it would be taken out of our paychecks. Thankfully the Freedom Foundation made us aware that insurers will be prevented from using Medicare funds destined to health providers at their best convenience. We need to protect the health care under CMS. Your agency itself admits that there are data supporting the assertion that Medicaid underpaid workers in our economy. Home care aids provide care for all of us at our most vulnerable and deserve to have workers to have union dues and health insurance deducted from their paychecks. This policy change is an unabashed attempt at making it more difficult for home-care workers to join unions. The only example provided in the justification for this change is fighting against evil fake union (SEIU) bosses who steal medicaid money (forced "dues") from vulnerable people ... Medicaid clients. In other words, states are not permitted to divert part of caregivers wages to labor unions under the law. I joined in 2007 and had to go to orientation/training I was told that I had to join the union or I would not get a pay check. The deduction of my union dues have been time consuming and frustrating. They will not tell me when my 15 day v

Our legislators, respectfully calls on the Department of Health and Human Services and the Centers for Medicare &

Medicaid where the medical insurance companies do what they want to do and nobody stops them.

We call on the Department of Health and Human Services and the Centers for Medicare and Medicaid Services to enact proposed rule C that would require workers to join and participate in effective unions. These workers perform incredibly important services but often are not paid for the work they do. We need a rule that allows a state to make payments to third parties on behalf of an individual provider for benefits such as health care, housing, and food. Please repeal any rules that allow this strange access to my paycheck. Their efforts to restrict participation in the Medicaid program. States are expected to provide their own financial resources, in addition to federal

Medicaid programs dominate the market. If you add the fiscal crisis and post hurricane Maria situation, the health care system is in a state of crisis. I had a right to opt out of being a Union member. I had the proper paperwork to be an objector. I had to have a hearing to educate New Mexicans on the many benefits of free markets and individual liberty. These comments

show that the union was siphoning an extra \$20 a month on top of their Union dues! (They have since reimbursed me.) The rule at the anti-reassignment prohibition does not apply to deductions for workers training, health care, and benefits for nurses and other medical providers. Regulating is the best option

Over the last 3 years. She receives Medicaid personal care hours through the Developmental Disabilities Administration. We are going to be covered under a private company. Aging and Adult Services would not be an agency providing these services. The costs of Medicaid and given the recent U.S. Supreme Court Janus decision protecting the rights of individuals to not join a union. Claims rule (42 CFR 447.10(g)(4), Docket number CMS-2413-P). We have attached our comments. Survival Coalition is so as to prohibit personal care and child care dues skimming from Medicaid and related funds. I am the attorney for the coalition. The rule would stop unions from skimming dues from Medicaid caregiver benefits and would enforce affirmative action for workers of their insurance and benefits, to politically and financially attack the unions that represent them, and to do

and more. In some procedures we are paid less than our cost to do the procedure. There is no intention to fix this and we are not. I wish to stay with Humana, but some idiot treated me otherwisenot happy !!!!!!!!!!!!!!!

It is a violation of bargaining power - union busting and should not be happening - it hurts the ability to fight for a fair wage and is discriminatory in intent, applying only to the ability of care workers to checkoff union dues. It impairs the ability to receive back payments from insurance management.

re-route millions of dollars to unions instead. Laws state that payment-in-full must go to the provider of Medicaid. Sonia takes such good care for me. She does everything to make it a safe and good home for me as I am living w

e classes. During the first class, I was forced to sign the paperwork for the union. They told me I could not leave, I went into it. I support proposal number CMS-2413-P.

I understand the Union works towards better benefits for its members, yet I don't agree with all of their agenda. I am in money
 I get from Medicaid for the care of my (b)(6) I hope the CMS carries through with getting rid of a regular business of collecting union dues! If a caregiver wants to join the union, then they should have to pay them dire

an taking out union dues for years with no explanation. When the new payroll program rolled out, (a nightmare in Birmingham, Alabama, strongly supports the removal of 447.10(g)(4). Although the original exemption intended to a millionaire to be treated properly by the government. Please respect these workers and their unions.

es
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201

Reprogram. If the PCA fails to attend an orientation session within 6 months of beginning employment, an after-tax i

am in favor of enforcing the federal prohibition against reassignment of my claims/payments to unions or any of the unions that support these jobs. The workers need training and decent pay.
In my over twenty years dc

I am in favor of enforcing the federal law prohibiting the reassignment of Medicaid claims/payments to unions or the union sales pitches by the SEIU 775 while undergoing mandatory caregiver training. I have actually been told t

the workers conducted annual visits to our home and the assessments calculated hours of care needed for her. In unions. I am retired; but attend monthly meetings where I am a proud member of the Washington State Retirees. We are the future health and respect of those giving and receiving care. I support unions for workers who need a co-in.

 (b)(6)

health care workers and they need their union!

It would have a horrendous effect on the quality of services and the workers who provide those services. Those people.

rogram and I was a proud union member by choice I signed up I was a proceed for 8 years and I feel that you sho

 President Obama enacted this corrupt law and needs to be removed today.

off resources for themselves. Please stop this corruption.

example of the rich getting all and hurting the average American!

you no morals at all? All of you that are doing it , or stopping the Unions from doing it will defiantly get your Karma
witnessed the union reps profitting while employees gained no benefits. NAFTA was partially birthed by the wage
ing for their crooked ends.

months without being paid! Disability services are Not a slush fund for state budgets. Lets all make sure the money
payers in general.

!!
ruption stinks - who in government can we trust any more???
tentative spoke to the class. She gave each new provider SEIU 775 membership forms and resource materials. She
se the Trump administration's intent to weaken unions and take away the rights of caregivers to join together.

on. We are human why not rationalize rather than feel belittled. Lets work together! I oppose any action by extre

the essential care our nation's children, seniors and people with disabilities count on.
I oppose any action b
vers or their ability to advocate for higher wages, basic benefits like paid sick time and healthcare coverage, and

e and Medicaid programs utilize the federal funding they receive.
Currently there is a lot of money that the
eassignment of Medicaid Provider Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018)
C
ot handle all the elderly and disabled. Caregivers are doing the job! Your proposal will hurt patients, clients and c
facto disenfranchised citizens. The home-based services of caregivers are a vital part of maintaining our civility.
reassertion of the statutory prohibition against reassignment of my Medicaid payments. I began caregiving in 2
nt in Support of the Centers for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignmer
sal is completely unnecessary, serves no government purpose, and seems designed merely to make it harder for
ers for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignment of Medicaid Provider C
be limited to its original goal of providing medical care for those unable to provide it for themselves.

s. It is important to me to be able to pay my dues and my health benefit thru my pay checks.
nd government officials.
I am part of the bargaining team, which allows me the chance to be a part of the d
es, copes,taxes, etc.It is important to me that things stay as they are because it is more convient . Because of m
nion had done so much for me and a lot of the caregivers across WA state. They have given us affordable health
n 1981. In 2007 I became a caregiver contracted with the state of Washington, yet my wages were still under \$5
dividual provider for benefits such as health insurance, skills training, and other benefits customary for employee
re for. The Providers being trained
and given livable wages and benefits actually benefit the nation. Home
upports, opposing Proposed Rule CMS-2413-P and urging its withdrawal.

s of health care services.

topped NOW! What nerve!

ies of hard working healthcare workers!
HOW DARE YOU!

i. This is nothing but thievery by unions. Please stop this skimming. Thank you. PLEASE ENTER YOUR COMMENT
IU is a
leftist socialist union. Do not support it!
recently de
nied these vultures from "right to work." Let's stop this practice.

om people, who take care of the sick, handicapped, and others, who cannot fend for themselves. Put an end to tl
creating a fair system.

ions.

ey drain the companies dry and do not help the workers.

air own pockets with. I'm going to see if I can get a list of names and start a petition.
ir Medicaid to line their pockets. Please stop this union thievery by stopping dues skimming immediately.
Th
h necessary work and the people who care for the elderly and sick deserve to keep their pay. This practice must

g

en away by Union from their dues. Please see that it becomes null and void. The greed of it is mind boggling.

of their Medicaid to line their pockets.
Stop this union thievery by sending the Department of Health and Hu

most of those workers do not approve of. They make none to very little profit and usually do not break even in

pocket. That should be illegal even if Pres. Obama did it.
ivity.PLEASE ENTER YOUR COMMENT HERE

figure salaries and it is wrong for them to get more by taking it from the people who are taking care of the sick and
nating work. People who do it long-term are simply saints.
For some un-involved parasite to make money from
COMMENT HERE

rump and stop this Obama era regulation.

any end in sight to the government and union corruption in this country? This practice has got to stop NOW!

roduce better benefits for their members than individuals can bargain for themselves, then so be it. The freedom

ons. Nobody wants to be FORCED to join a union. And, no one wants to be FORCED to support politicians with w
e who are taking care of the sick and elderly.
The Department of Health and Human Services needs to stop

ing America's care givers. Please support President Trump!!

ervices. Please look into this poor behavior & remedy this terrible situation.

s. the unions are not helping us, they are helping themselves.

care for people?

se work to prevent this from happening. From what I have read, it is around \$200 million stolen each year. That

e their free time and more to care for their child, spouse or parents. This is GREED on the part of the UNIONS. P

ch stealing from the little guy to me!
Please eliminate this Obama Era nonsense!

unions to skim dues. Union dues skimming is simply not right and should not be allowed to continue.
It is s
se undo these regulations.

OTEST THIS ACTION.

d this is my experience with SEIU 775. First thing that they do is call. Even on weekends suggesting who we should
appears as if this administration wants only slaves in this country with no real rights to protect themselves and th
on from my paycheck without my consent. I was told that I must pay the due and I could not cancel my membe

mericans and waste it all on non helpful projects that hurt this great country as a whole

the sick and elderly. It is time for Government Unions to stop robbing America's Care Givers.

n them without their consent or permission. These unions need to be stopped from their mafia tactics. If they w

me

workers need Medical money to go directly to the home health workers so they can provide services to this mos

ere is no need for government unions there are more than enough laws and regulations that protect them.
g families care for their loved ones, these union fat cats are taking chunks of their Medicaid to line their pockets.
sible for me to cancel. I do not recommend people sign up for UDW, but for those that still choose to, paying the

more and they all endorse left wing socialist agendas with member dues. Kick them out !
ping.

osses to rob America's care givers. Stand with President Trump and stop this crooked Obama-era regulation of di
untry and the officials are similar to politicians who claim to have the little people's interest at heart when what
ed with unions, the public gets hammered. Experience has proven to be the greatest teacher!

re complicit in these wrongful actions.
RE GIVERS. These people do their best to help with the caring of the elderly and that money is for them ..NOT for

o use money the wrong way.

vers taking care of their loved ones. This is an Obamanation of one of the worst presidents if not the worst presi
t the regulation in place that allows unions do this financial "skimming." The Trump administration can remove

lot of good as well as a lot of harm. Compulsory dues should be outlawed since the union bosses are the main c
e workers. Stop the Obama skimming program.
represent the same desires as the employees who were required to have less of their own take home earnings

gal corruption within our government. We are reaching unsustainable deficit spending that is a national security

ving.

often into our house

who take care of the elderly and the gravely ill. Such caregivers helped to care for my (b)(6) before
u steal.

government unions.!

n'ter to be in the Union. Forced Unionism is an affront to our Constitution and the workers Freedom of Choice

gious Obama-era regulation known as union dues skimming from Medicare.

are givers to line their own pockets, the HHS seems to be in cahoots with the UNION bosses.

e to be permitted in the State. The State requires an annual balanced budget which requires a conservative
ever nearing possible need of a care giver. I want them to be trained making a living wage with their own health i

s from their paychecks!

join if they desire to do so.

1.
families care for their loved ones, these union are taking chunks of their Medicaid to line their pockets.
Stop

monies intended to help those who help their family member be given to unions who provide NOTHING for thos

ese people are a necessity for the millions of sick and elderly.

as and ideals. It is time to STOP collecting union dues from honest, hard working people who have conservative

, THEY JUST THINK THEY ARE && GIVE UNIONS A VERY BAD NAME. MY FAMILY HAS BEEN UNION SINCE

r support their self serving cause.. This must be stopped now,

s what. It's Your time to step to the plate and do what is Right and stop this abuse NOW.....It's time to bury
pay money to a union.

salaries by stealing money from the people who are taking care of the sick and elderly. Repeal the Obama-era reg

is is purely a way to raise money for certain political parties and must be stopped is completely on American and
not be used to line union bosses pockets, its bad enough that government employees even belong to a union. T

are of themselves financially with the means to do so- it was not sold as a way for the Unions to rob caregivers, c

money to take care of their own needs. It is immoral to demand money in order to have a job.

on is thievery. Please support President Trump's efforts to help hard working health care providers keep more of

that they will be there to meet my health needs.

lies care for their loved ones, union fat cats are taking chunks of their Medicaid to line their pockets by skimmin

afia pay us && we will let you work!

forced to pay for something they do not believe in or a member.

ersons permission.
It is also unethical for any federal employee to be doing anything that will aid a union. Th

I please use some compassion in understanding those who are elderly and poor? They deserve as much care as

nderpaid already.

s must be stopped!!!

/ and integrity.

ble adults and do your job honestly and with truthful actions.

e health care providers. Thank you.

ed to help people.

ers of America.

ously large salaries.

/ from the people who are taking care of the sick and elderly. Please stand with President Trump and stop this c

s this to happen.
Please help and repeal all his terrible laws he implemented and MAGA.
action to stop this horrible scamming of Americans.

that need it most. Please please stop them for good!!
serve to be treated with understanding, compassionate and love! Thanks so much for your time. Teresa
to care for the sick and elderly. This practice must be stopped! How shameful!
port clearly Democrat lobby organizations!
HORBITANT FEES THEY DID NOT EARN / DO NOT DESERVE.

a hard job, but it is important to honor our parents. Please don't allow those that Don't need the money, to take

osen to place them as overlords.
ou are suppose to represent people who have no voice in government!
Now you are allowing the Obama Ad
President Trump and stop this crooked Obama-era regulation. Tell them union dues skimming.</p>
>y taking the Care Givers hard-earned money.
>/ supervisors
> to stop dues skimming immediately. Union bosses making six-figure salaries are stealing money from the peop
> to give more money and power unions that don't care about their members.

. THEY GIVE OF THEIR TIME AND EFFORT TO HELP NEEDY PEOPLE. THE PERSON THEY ARE GIVING CARE TO CAN

oor.

he lives of the needy and stop the stealing. Please help those in need!

t is. What right do union bosses have to dip into hard earned wages of others?

that required they do so was highway robbery and should immediately be stopped.

br>. It's time to stop!
ets.

lerly and disabled!PLEASE ENTER YOUR COMMENT HERE

e charged union duse for some non existent service

n!

n to them. Thank you for looking out for them in advance and for your time.

ight it was the most ridiculous thing I was required to do! I could have gotten the job without the Union's help!
ou for your consideration.

2 CFR 447.10(g)(4) which allows a state to reassign portions of a providers payment to third parties. I deplore th
upposed to uphold the public trust?

s. It is NOT right!

MENT HERE

ged, convicted and punished. Misuse, misappropriation of medical monies that belong to seniors or others is lov
. America is a place of choice, not forced unionism

not stolen or wasted. Thank you.
more joy in that.

e action to stop this from happening.

e main reason why Unions exist is to enrich themselves, and buy off Leftist politicians that are wrecking our cour
ockets at the expense of those they are supposed to serve. Now they are skimming from home care providers. R

MENT HERE

embers names to groups who would educate caregivers the law that allows them to opt out of paying union due
le would make things worse, not better. People who provide home care are already under-compensated, and y
ir jobs. It is incredibly difficult work for relatively low pay, and they are easily taken advantage of. Forming unio
month per client of which I have 3. Highway robbery and no relief from this THUGS.
is like a punishment.

daily basis and are represented by a union. We are very concerned about the consequences of eliminating a thi
ring the CMS into compliance with federal law and the ruling in Harris v. Quinn.

iswe don't even wonder about it! So home care workers should be no different.

uld be ended.
This proposed rule is an important step towards eliminating the infrastructure in 11 states (C
e being managed by private for profit insurance companies,that their main objective is capitalization from the hu
d others struggle to stop dues being taken for minimal or zero services or benefits provided by the union and yet
provider and not to the insurance.

remely difficult and tedious, I am opposed to SEIU 775 freely taking union dues from my paycheck.

Whe

mitar el stress que implica la inseguridad económica y se refleje en una atención médica de calidad como nuestros p
reports that the administration is looking to make it more difficult for workers to contribute dues to the unions w
uld like to have the freedom of joining the union if I choose to. The union directly siphoning the dues from my si
Puerto Rico we are losing a lot of specialists in all specialties because there are not paid in an adequate lproport
establishing a medical practice. The medical landscape in the island is controlled by for-profit insurance companie

sgusting and should be stopped as this legislation is attempting to do. Medicare \$\$ should be used to pay for th
a practice called "DUES Skimming" which sucks hundreds of millions of dollars out of taxpayers' pockets and ser
of Payments received by that Provider for Medicaid service by the Provider. Once the Provider renders services,
inding that diverts funds from the end-user beneficiary.

ho lost said money I wouldn't have a problem. But to take money intended for a good and beneficial purpose at

tfully submits comment in support of the proposed rule that would remove the regulatory text at 42 CFR 447.1C
of America.

families care for their loved ones, these union fat cats are taking chunks of their Medicaid to line their pockets.<
e people not for profiteering by the unions.

athers retirement money.

derly.
Stop this skimming (theft) of union dues immediately!</p>

gs have to do just that--CHANGE. i believe that the right people getting the right information can send many, MA

re taught in Sunday School!

at cats are taking chunks of their Medicaid to line their pockets. These people, who take care of the sick and elde

ump!!!
Stop this crooked Obama-Era Regulation, Stop this Dues Skimming.
Thank You.

allowed to get richer which riding on the backs of those less fortunate. Hardworking Americans deserve to be t
ed. Change
Obama's regulations that have allowed
this obomination.

eiving Medicaid funds are non-wealthy individuals, who are taking care of someone for family or other altruistic i

abusive not only with doctors but also with patients who do not complain to CMS due to language barrier. The

amily member this is wrong

and hospice, I have seen this issue first hand. Seems unions have abdicated their rightful place in society and w

unions would skim money from these workers to line their own pockets and fund their favorite agendas. This mu
: to be they can sign up on their own. Stop robbing from them to feed political figures.

NOW

with special needs, please add my name to the list of those who think this is unacceptable.
Thank you.

) million annually from Medicaid Home and Community Based Services waiver funds to union coffers and a total
incoscionable and needs to be curbed forthwith.
rica's Care Givers!

unable to take care of themselves due to various health issues or accidents which unfortunately made them help
n.

n. Get rid of unions in health care. Let them compete for work with every one else.
utilize the monies like a crinme boss instead of a resource of help that it was initially described as. Please end th

ncers alone.

g work when our clients do not cooperate with us.
We need all the help we can get. Please do not take any
y joined a union of their own free will. PLEASE do not count being tricked by union representatives as evidence

one stone (hard to argue with FDR on this one, guys)
at allows union bosses with six figure incomes to skim Medicaid dollars from home health care providers -- to the
ey. Quit taking other workers money
offices.
Union bosses making six-figure salaries are stealing money from the people who are taking care of th
ey have no say in or believe in. If they are ok with that is one thing, but most are not, regardless, it needs to st
proposed removal of text in 42 CFR 447.10(g)(4) that permits Unions to receive funding, i.e. dues skimming.</p
this robbery by union bosses.

own members. Why do you allow unions to exploit the system like this? Please stop this corrupt union practice.

nd burdens the tax payers.

erican worker by the illegitimate President Obama!

ng is wrong. Please change the government regulation from the Obama era which allows this kind of action.

t done! Family care givers are not employees and do not need unions!

icaid (dues skimming). Thank you very much. Please do what you can to turn our nation back to Godliness and ri
tive and/or intentions of the unions and those that support their causes. So the cycle repeats its self over and o
n you are paying people YOU DONT WANT Representing you.

 Isn't that money earned by the worker?

ady taken millions from these caregivers and needs to end.

las aseguradoras advantage.
Tanto las aseguradoras como las alianzas que forman se lucran abundantemen

more controls.

rs for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-24
sing facility and I cannot imagine ANYONE taking care of her but myself. She is my (b)(6) nd my best friend. Ha

e home care union by trying to prevent union members from paying dues through their paychecks. This is an exti

g flu season.
Fires are also a big concern at the Nursing home due to smoke detectors not working properly

possessions and its territories, especially those receiving home health care. Imposing the rule will diminish the r
or union members to pay their union dues and is very likely to weaken the home care union.
Caregivers supp

st vulnerable citizens.

hat defends their rights , wages and benefits. Thank you.

COMPENSATION!!

STOP TRYING TO SILENCE CAREGIVERS!! STAND WITH US INSTEAD!!</p>

government support them? Do your job.

e.

MS) against home healthcare workers. STOP going after the home care unions by trying to prevent union memb
of Proposed Rulemaking "Reassignment of Medicaid Provider Claims", 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-
cy, but in my everyday life.

e patient services can be improved and providers are compensated as the according medicare fee schedule to th

rsically unable. That's why it is so important to have a union contract that provides training opportunities, health
know that I had the choice to join SEIU 775 or not. When I found out their modus operandi, I happily opted out
ss attack on the rights of workers to organize and simple tools that make such organizing effective. I paid union

over, and guarantee consistent quality services. I support home care workers and their right to a collective voice
CMS-2413-P.
I do not believe that union dues should be allowed to be deducted from paychecks for people and the incredible training her parents have received, she is ready to be discharged from the hospital to at last go
workers, particularly independent home care service providers. The government has EVERY BUSINESS supporting training is an essential protection for our health care work force. Any effort to subvert workers' efforts to peacefully
ers to \$15 an hour or more.

re using a Federal rulemaking process to weaponize the federal Centers for Medicaid and Medicare Services (CMS)
news paper advertisement, With patient money. Giving 150.00 dollars to companies personnel for every patient
society. They are what makes the country great. When it comes to union dues, union members should continue
nine their perfectly legal actions!

employee does, just as I did when I belonged to a Professional Engineers Union when I worked for the US Department
firm. They deserve a pay commensurate with their abilities and knowledge--not merely a minimum wage. We o
Medicaid Provider Claims, 83 Fed. Reg. 322.52, RIN 0938-AT61, CMS-2413-P (July 12, 2018)
I fully support t
forward any CMS priority. US government program bureaucracies ought not be politicized - this rule is 100% po

The least we can do is provide her a prevailing wage that allows for benefits when she in need of assistance in ol
ers for wages and benefits. Unions also advocate for all members by supporting issues and candidates that sup
oth because is capitaded iam a primary care

Chris Rodgers, support the proposed rule by the Department of Health and Human Services, docket number CMS-
ary.

t the Federal Government should try to weaken unions. This should be a matter between workers and their emp
olor. Keep unions for home care workers.
althcare.

! F*ck tRump and his minions, like stupid Gov. Walker of my former state of Wisconsin! Well THROW THEM OUT
would block workers from supporting their union and prevent them from getting health insurance. This is a che
JD?

rape families of any assets if they are not white and rich. There isn't an "American Dream." Additionally, coloniz
s and CMS to enact your proposed rule, CMS-2413-P, addressing union "dues skimming" from caregivers' Medic
a chance. Any attempt to weaken union influence for political reasons, which is obviously the basis of this propo
end on them to go forward with their lives and live in dignity and peace.

tions they serve. It will limit the ability of this very underpaid group of workers to protect their dignity and impro

r working conditions because they are either working for individual people who are not properly aware of how to
orkers should be in labor unions.

dying at home. Most importantly, we always vote. The tax cuts raising the deficit and this being used to scale b

e wages these workers receive belong to them and decisions to have their union dues taken out in no way injure
this proposal Many who take these low-paying jobs have no bank accounts or checking, and this rule is clearly fc

he citizenry as a whole? Not significant. Any harm to individual Americans? Yes, obviously. And for a few probabl
home care aides need a united voice speaking for them, advocating for their right to a living wage and benefits s
lost of these workers receive below poverty wages. Their ability to bargain for higher wages is paramount to be
l of the CMS 2014 regulation affords me the protection of the federal Medicaid law requiring that states make pa

re regulations.. left outside the possibility to qualify for an Advantage Program. These patient are mainly patient: the money collected belongs to the workers and the workers alone, and they have the right to be part of the unic Medicaid Program; Reassignment of Medicaid Provider Claims, published in the Federal Register on July 12, 2018. in their homes. I only left the field due to health and injury. I started out making 2.90 an hour while trying to rais ase our payment unilaterally.

>Assistance helping elderly and disabled clients requires compassion, thoughtful decisions and great skills.
W mploymers are indebted to unions, even management has benefited from unions. When employees pay their ur S-2413-P
P.O. Box 8016
Baltimore, MD 21244-8016
Re: File code #CMS-2413-P

Dear Secre ey are treated fairly and paid fairly.

those for whom they are intended. Should caregivers choose to associate with unions or other groups, they can

posed regulatory change will make it more difficult for unionized home health care workers to pay union dues, v >Washington State</p>

ing this pernicious rule will hurt workers in the middle class. They have been abused enough. Do not enact this n

Director of the SEIU Healthcare NW Training Partnership.

Thank you</p>

keeps important provisions in place.

0 union members in Washington State, we are writing today in opposition to proposed CMS rules to prevent uni a no brainer. \$15 an hour is difficult for a person to pay on their own without help from the government. That to

number CMS-2413-P. Home care workers like myself provide a necessary service for the elderly and disabled. Th

w much harder it was before we had it! It is not difficult for a computer to direct money for me, but much more

2413-P. I do not want to pay union dues for a union that does not represent my best interests. SEIU 775 provide:

ers do essential work that increases quality of life for their clients and peace of mind for the families and friends

ks. Their lives are hard enough without you obstructing their union representation. In addition, hurting the hom

order to be treated fairly.
Home care workers are valuable members of our society.</p>

w for Children

by (b)(6) br>

I read a heartw

DIRECT hit to seniors and people with disabilities as this would seriously limit collective bargaining power in an ir

paid through payroll deduction, a decades old practice, would be an attack on workers rights. Don't become a to

Department of Health & Human Services
Hubert H. Humphrey Building
200 Independent Ave SW
Washington, DC 20472

ment means a stronger America.

Director of SEIU 775 Secure Retirement Trust.
Thank you

Director of Disabilities, Aging, and Independent Living (DAIL) in response to Proposed Rule : Reassignment of Medicaid
state, both in the public and political spheres. During my work there, my job was to interact with CPAs across the state

to help the elderly to remain in their homes instead of having to move to assisted living facilities. I am a senior and have
paid workers in the country. Union representation is vital for these workers. I was both the parent of a disabled child
of their payments diverted to third parties or private medical insurances. It has been a popular practice that the

Secretary
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
Washington, DC 20472
These workers provide personalized, critical health and social support for our elders, and for people living with disabilities.
We are rank-and-file members and officers and feel that the Freedom Foundation should mind their own business.
Director of SEIU Healthcare NW Health Benefits Trust.
Thank you

ENDED to diminish unions, which the current administration has decided is a priority. STOP TRYING TO HURT THE
particular line of business is to be applied to that "line of business". This avoids third parties to use the money in an unfair
we had a union as a federal employee) by having them deducted I would have been fine with it. I used to work for the
the money from my biweekly paychecks without my permission! When I asked them why, they said: they are taking it
you.

on to proposal # CMS-2413-P. It is an overreach of CMS authority which, by making home care workers pay union dues
(CMS). Do not go after the home care union by trying to prevent union members from paying dues through their paychecks.
erreach of CMS authority designed only to attack home care workers and their freedom to spend their wages as they choose.
attempt to make life still more difficult for people who do hard and necessary work for very low pay. Please back off
union fees out of their own paychecks. Proposal # CMS-2413-P is anti-democratic and should be opposed;
colleague, in her capacity as an expert on Medicaid-funded long term care supports and services and on the home care
erreach of CMS authority designed only to attack home care workers and their freedom to spend their wages as they choose.
limit the freedom of home care workers to spend their wages as they choose. By not allowing members to pay union dues
earned that by not allowing members to pay union dues or health insurance automatically from their paychecks, the
g takes limited resources from the vulnerable. Every dollar of Medicaid funds state governments divert to union dues.
n dues, proposal #CMS-2413-P would lay a burden on home care workers who want to be union members.
home care workers and their freedom to be Union members is a shame. Home care unions are so important, a life
necessary and helpful. Who else fights for the hourly worker.

erreach of CMS authority designed only to attack home care workers and their freedom to spend their wages as they choose.

the freedom to choose how I spend my hard earned wages caring for disabled individuals in our society. The federal government

age will undermine economic security for millions of workers, children, and the elderly.

Home care is or
ous. Home health workers are needed more than ever as our population ages, and for the government to make
re closely comports with the law AND with recent Supreme Court decisions.

Second, because while ma
erely developmentally disabled adult.
I am writing regarding CMS proposal # CMS-2413-P.
In August of

to diminish the quality of the nations home health care workforce and in turn jeopardize the integrity of home h
y from my employee's paychecks through company payroll. I do not believe it is acceptable for a third party to k
ready low. These healthcare workers deserve all the benefits they can get.
The Trump Administration is out
ignment of Medicaid Provider Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018).

many workers, this rule would limit their participation in unions and would be yet another administrative hurdle

Home care workers provide vital services and save the government millions by providing a cost saving al

Union. ALL should pay their fair share for pay and benefits won through bargaining.

P. In this rule, CMS misuses its authority to limit how home care workers spend wages they have lawfully earn

but patients. Disallowing union dues deductions is an attack on these advocates.

vers and the state has been illegally taking dues from their medicaid benefits. This must stop. If a care giver cho

CMS authority. By not allowing members to pay union dues or health insurance automatically from their payche
vice Employees International Union as the collective bargaining agent for the Home Health Care Workers of Mini

ugh a program which provides help through Medicaid.
I recently discovered that I am having 3% of my pay d
om Medicaid.
I had originally signed up for the SEIU thinking that it was a good idea, but soon realized
tr
nesota Home Care Workers that is being abused by the SEIU . They have
been taking money out of my Medi

through a great program which provides help through Medicaid.
The union came to my home and have me
sabled family members at home. This done through a great program which
provides help through Medicaid.
ough a great program which provides help through
Medicaid I am asking for your help.
After discovering
am part of a program called Minnesota Home Health Care from Medicaid that provides funds
for people wh
n because of state and union (SEIU 503) crazy contract negotiations. I've been trying to get out of union dues tha
need to protect Medicaid resources for those truly in need, and should not divert Medicaid dollars to subsidize u
me through a terrific program that provides help through Medicaid.
The SEIU representatives came to my dc
d family members at home with funds provided through Medicaid. I take care of
my adult (b)(6) through this b
ibers at home through a great program which provides help through
Medicaid.
I had been having SEIU d

led family members at home. We get funds through a great program which
provides help through Medicaid
ied up to be in the union.
I take care of my son who is disabled and get a small amount of pay through Medic

the SEIU. They have been fraudulently taking money out of our benefit checks.
They are taking 3% of my pay

out. Please stop them.

dues were being taken out of my check that come from a Medicaid benefit for my family. I am not sure how long
a raise and the dues would only be 3% of the raise. Now I have 3% of my check being taken away and I have no ic
cted from my check. I called and they sent a copy of the card I had supposedly filled out and some of it looked lil
nges regarding reassignment of Medicaid provider claims.

d payments to Home Healthcare Providers without their expressed/written approval. If they want to join that is

nion. These caregivers work in a private home setting, so the union has no say or control over their working envi

ing them a choice in where they spend their own money

ceeding in taking monies from clients or I.P.(individual providers).
I support the proposal NUMBER CMS-241

and privilege to represent vast portions of rural Eastern Oregon for over 18-years. As a rural GOP legislator, I kn

t. I am neither Republican or Democrat. I feel unions should represent ALL people. I was "visited" by a SEIU repre

ecame a care provider, i did join because I had to. The benefits that the SEIU 775 Union provided to care worke

on-members, or powerful PROFESSIONAL-ORGANISATION members; if our SOCIETY expects the current SHOI

er CMS-2413-P. Thank you!

the following in support of the proposed rule: 1. Skimming dues automatically diverts money needed for M

ow. I served in combat for America in support of those who yearned for a free life without coercive rest

ers and strongly oppose proposal #CMS-2413-P. This is just another attempt to hurt Americans while h
o CMS-2413-P. Thank you (b)(6)

e provider's permission. I know my (b)(6) formally, in writing, registered, return-receipt withdrew from the S
which are supposed to go directly to care providers: Please approve this change. All unions should be requir
went to one of there rallies in Olympia and i have to say i was not impressed, nor am i even now. They promise
out. State and local governments have no business in advocating for union membership or not, nor should t

se support CMS-2413-P.

igned 69 hours per month from Aging & Disability, SEIU 775 has no legal right to take away any of my earne

my training a person from the union presented the union membership with SEIU 775 as something we were sup

ion or NOT. I have been an Individual Provider serving a Medicaid client for many, many years. W

d our names to the thousands of home care workers, consumers, family members, and healthcare advocates acr

for my bedridden (b)(6) went into full legal blindness a year later. Then my (b)(6) suffer
I support #CMS-2413-P.

als to have representation and a shot at fair wages. To put it in another way, if federal money can go to Trur
ny money and giving it to SEIU goes against everything I believe. The state and SEIU are working together to

the areas of shapes, sizes, colors, religions, cultures and financial circumstances.
I must be able to walk into Medicaid client care giver for my significant other. Under the current system, I was paid for years so little that I was never, support proposal number CMS-2431-P</p><p>I was left to believe that I had to join the union to receive medical coverage and or vacation hours.
Over the years. I am not happy with that. I do not even remember I signed up as a member. I support proposal number to stop taking out union dues from home health care workers. I am a nurse. My (b)(6) was a nurse. My (b)(6) was going to tell people what they can elect to do with their paychecks and what they can't. We lost pay to support IP that sit on their butt and watch TV while we do all the work. I have asked the Union for prevent any IP from choosing to join a union if they wish. They would simply have to pay union dues directly, just like Retired
for 11 years and worked with AARP and state programs for Long Term Care and Health Care Provider Medicaid Provider Claims, 83 Fed. Reg. 322.52, RIN 0938-AT61, CMS-2413-P (July 12, 2018)
I am writing because Medicaid Provider Claims, 83 Fed. Reg. 322.52, RIN 0938-AT61, CMS-2413-P (July 12, 2018)
I am a PCA for Medicaid and I don't want to be a member of Union at all and I will don't want to pay my dues where my I don't support sitting for one single client, a family member.
Dues were being taken out of my check involuntarily against my will

I had no idea of the new right the US Supreme Court ruling in Harris v. Quinn gave them to demand public sector union will not allow me to pay my union dues through payroll deduction. There is no evidence for workers asking for that.
My name is (b)(6) and I was born in Texas, but have lived in San Diego, CA for 60 years. I have been paid that is a lot of money. I could use that money in a better place.
Yes, I agree,

</p>

My concern is the survival of the Union and my rights protected as individual taxpayer. There is no evidence from the state IHSS program in the county of San Luis Obispo. I became an IHSS provider when my (b)(6) had a life threatening illness in San Joaquin Valley CA, my location of affiliation is AFSCME local 3930, UDW Riverside County. I'm worried about the proposal

that providers never signed up for, and will also stop the unions from making the caregivers pay approx. \$40. per month for (b)(6) in the last years of my loved ones' lives deserved far better wages than they were forced to live on. I think that assist some of our most vulnerable citizens should never be diverted to a special interest group, especially a political group. In a difficult task of coordinating care for a Medicaid recipient, I'm very aware of how complicated it is, quite beyond the scope of the MN. I have a 3 year waiting list and have to be a fulltime Provider. Some of us are only physically able to work part time and some are disabled.

I am writing for my disabled (b)(6) She requires 24-hour care, administering medications for epilepsy, suctioning, and more in layman terms. It is a good idea to stop, so don't, find out what the third-party's billing is, and take it a little slower. I should not have a right to take dues from these benefits. Whether a person is in the Union or not. That is why

I am writing to inform you that we unionized home care workers to pay their union dues through payroll deduction. I am writing about the loss of their Medicaid benefits. I have been on the front line of this issue and have found that the union's have defrauded Medicaid Services
Attention: CMS-2413-P
P.O. Box 8016
Baltimore, MD 21244-8016

Subject: Providers also suffer from a list of these ailments: reflex dystrophy syndrome (RDS) on my right thigh, spondylosis, type 2 degenerative disc disease, type 2 diabetes, chronic regional pain syndrome (CRPS), and other illnesses. I'm writing in hopes of (b)(6) of a disabled young lady that has CP, EP, Down syndrome and brittle bones. She requires 24-hour care. I am writing regarding the ruling of removing automatic deductions from my paycheck. I am a (b)(6) year-old and

(b)(6) I have too much on my plate to have this attack (CMS ruling) to add to my daily workload. Workers like myself should be able to decide how wages are spent. I've been a homecare worker for almost 10 years. As of now I only have a small amount of hours (60 hours for both) for them combined. It is very hard on me. I am a member of the Homecare Workers Union. I am providing services for my (b)(6) since the day she got very sick. I have a low number of hours but I am a member of the Homecare Workers Union. I have worked with many different clients throughout my whole time working. I currently have been working since August 2015, I take care of two clients, one of them is my (b)(6) years old and really needs the help. The purpose of this letter is to express my opposition against Proposal # CMS-2413-P. This new proposed fee schedule is for my clients that are disabled and they cannot speak out for themselves because of language barriers. They are not able to go to a central worksite. May work at opposite end of state from union office. Alternative payment methods would be better for those who work for all of us parents and caregivers and help us out in so many ways. I voluntarily pay my dues to the union who works to protect our rights therefore it's very important to all the people who pay. I'm taking care of my clients with my own experiences with SEIU 775. I do not wish to be a union member yet this union forces itself onto people by using their status as providers to pay union dues when they do not wish to be in a union. This law would help prevent that. I opted out of SEIU union 775. I support proposal number CMS-2413-P and I am sick and tired of SEIU trying to control me. I do not like the way they treated their members. We had no say or choice how they spent our dues: (1) Lobbying Politically (2) Opposed to those dues being deducted from Medicaid wages. Those dues are calculated on a percentage of

my wages from my pay. I am not a union member. There are people who have gotten dues taken out even when they are not members. The collection of fees, benefits or otherwise is not the intended purpose of government. Patients and providers need to be able to choose. My (b)(6) became totally disabled after contracting the flesh eating bacteria (Necrotizing fasciitis). The results of my (b)(6) in 2010 the union SEIU-775 began taking union dues out of my Medicaid care giving check. I was told in my (b)(6) that they pursue. If home health care providers elect to join a union and pay for its activities, I

S-2413-P
P.O. Box 8016
Baltimore MD 21244-8016
Public comment attached from the Mackinac Center for Public Policy

to eliminate them.

I am happy to see our money spent in a wise and frugal manner, also to help the poor and needs when needed. Thank you for your efforts.

Services
Department of Health and Human Services
Attention: CMS-2413-P
P.O. Box 8016
Baltimore MD 21244-8016
The collection of fees, benefits or otherwise is not Medicaid's purpose, and home healthcare workers deserve better.

money. This is so wrong... and must end!
be a "favorite Uncle" source of employment until retirement age rolls around.
Rubio You completely turned Me Away from voting for You Ever

To the Department of Health and Human Services please undo this crooked regulation and stop union dues skim
UNION MEMBERS' dues AGAINST the UNION MEMBERS' CONSENTS!

t right to take from us to give to another. That is theft!

ted!

unding for America's Care Givers.
most in need of assistance. We are commenting asking that CMS end what is tantamount to a "dues skim" bene
gular citizens and Americans!PLEASE ENTER YOUR COMMENT HERE

Attention: CMS-2413-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Medicaid Program; F
onstitutional, and contrary to what America itself stands for. Please eliminate this practice across the board.

re providers is theft by any definition, and nothing more than the federal government sanctioning this mob like t
of forced union dues payment.

I parties on behalf of an individual provider for benefits. When I think about the millions of workers who provide

J.S. Department of Health and Human Services, has proposed rolling back an Obama-Era regulation that allowed

; people who organize to have their rights protected. I support proposal number CMS-2413-P.
 </p>
don't support this. I'm fairly popular and can make a big stink of this issue on social media or I can come out and

state governments divert to SEIU and other unions is one less dollar available to help those in need.
Dues sl

decision by the U.S. Supreme Court, be diverted to pay for union dues. Should providers wish to be represented immediately.

grants that are needed by the people.

rt programs should go to those most in need not the unions. The U.S. Department of Health and Human Services proposes, will harm individual providers and place added stress on Medicaid beneficiaries, wrote the AFL-CIO, in i wage for their people plus keeping down wasteful spending, is the only thing these leaders should worry about. here is way too much corruption in our government and it is out of control. I would very much appreciate your st e Workers and those they serve,

check. It is much more convenient for me.

ans, the sick and the elderly or the legal hardworking american people
(S) to prohibit payroll deduction for union dues for individual providers of home health care. Over the last 15 yea execute a few if necessary. Thanks.

ive a handicapped (b)(6) nd need the help from his care givers desperately.

her peoples money to contribute to political causes that seek to continue to divide our nation.

care providers. Thank you for your consideration of this matter.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: C

n and give all the right to not belong to a union. let them start paying for medical insurance and bills.

OR BRIBES AND FUTURE PROMISES!!

ise stop government unions from collecting dues from home healthcare workers. They are already underpaid for time to end unions, they no longer have value.

ney should be used for the health care of americans, not supporting Union activities.

ay work at opposite end of state from union office. Alternative payment methods would be substantially more bi

ionable, in my opinion, to force them to pay union dues. These forced dues may contribute to shortages of home

on they dont want.!!
Unions leadership should never force members to vote against their personal veiws

ay work at opposite end of state from union office. Alternative payment methods would be substantially more bi

nan Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201
report to a central worksite. May work at opposite end of state from union office. Alternative payment me

e of them as well. Having proposal #CMS 2413 P in effect will cause a great big burden in the lives of caregivers a

ient to deduct dues from the paycheck, there's no office that I check into physically on a daily basis. Other paym
state for 15 years before she died last year when she wa (b)(6) and she had to do that work because she needed t
ed rule is a blatant attack on working people, and an attempt to interfere with their freedom to join together in

g the dues directly deducted from my check and I am confident with UDWs process on how the dues are spent.

he proposal #CMS- 2413-P. Because its going make it impossible for me and all the home care workers to advoc
immediately in every union in this country. I want the burdensome regulations of the union bosses and the
es.

ay dues.

ecks. If I had to remember to mail payment in would be a burden. We need to support the union to better our p
have no purpose besides hostility to unions. I strongly urge you not to do this. For the record: I'm a small bu
hing to do with Medicaid.

dues !!! Which I choose to have debited from my check !! And its unconstitutional CMS-- trying to make this diffi

Congress to make it right. Stop Medicare money going to the Unions.

tribution.

wners pre-unionization! I know because I worked for one who refused to help often.

ggery and fraud with the Taxpayers' money. Those of you who will not be straightforward and honest, MUST RES

for my (b)(6) pecial needs.

after at least 5 years experience in the private sector. In terms of things like salary, there is no CEO or entity for t

e is union bosses skimming from those same employees. Please stop union skimming.

possible. This helps insure there is real shortage of workers in this field and leaves the elderly and others needin

sent must be terminated immediately.

orkers who serve private individuals but are paid through government programs like Medicaid.

men and Governors to stand up and do the right thing for the people of America. Stop the corruption or get voted

on deductions that workers choose to have deducted from their pay. To not allow them is discriminatory against
n the mafia ever was specially the lying politician come into office as normal people and go out as multi million
power when it comes to coercing their membership and extorting monies. They should be required to be non-p
? Please change the policy now!

licare and Medicaid Services for the notice of proposed rulemaking, file code CMS-2413-P, entitled Medicaid Pro
l of their paycheck, if they would like to.
Unions have been skimming money from Medicaid payments for n
pay.

g, PLEASE ENTER YOUR COMMENT HERE

e sick and disabled, and using the money you steal from them, to pad your own coffers. This is unacceptable.
every people who the caregivers are supposed to take care of. Please support the repeal of this action under ob
derly. Please stand with President Trump and stop this crooked Obama-era regulation. You know that union dues
ernment paid positions.

nk You,

(b)(6)

is despicable!

OP the Union dues skimming!

ches and power.
money from people that care for elderly patients! This is an outrage!
ay. Please keep the unions out of their check books!'n

Is to stop!!!!!!!!!!!!!!</p>

at the tax payers should have to pay for - it must stop.

o not have unions interfering in our insurance or anything else. WE make our own choices. Most unions are as c
ues or force anyone to pay dues. They are lining their pockets at other people's expense.

their nefarious games.

Obama era.
Thank you!</p>

nk you.

0 dollars to keep my (b)(6) taken care of if and when I pass. no current info on local 805 all year waiting for Orrin H

al 3930. The impact on rule CMS-2413-P would be devastating to my family and I. I provide care to my granddau

NT OF UNION DUES.

rt about it. Some people don't know how to write checks. I have never written a check out for something. This w

hey on. I have elected to have my Union Dues deducted from my payroll. This is the right of the First Amendmen
irement home they worked at. And when the paycheck came it had SEIU dues taken out. My kids were making

care of my (b)(6) or 9 years. I resigned from my job as a Respite Manager for United Cerebral Palsey because

nding mega bucks to cause the law to be scrapped. Union bosses do NOT have the good of their underlings at h
pay my bills. It is a distraction from the care I provide to my son.
 </p>

e their union dues automatically deducted. This change would add administrative burden to a sector of our work

e personally pay my Union dues each month. Life is difficult enough taking care of a child who sustained a TBI at t

to tell me how I can spend my money. I am a hard working American citizen and I should never have to worry a

een caring for my (b)(6) This Proposal to force union dues to be paid separately out of tl

; a Union Member & paying my dues through payroll deduction, I am part of the fight to protect programs r
for them.

ers and I enjoy my work. The people I take care of have no family, no children and very low income. Removing ou
cut out their mandatory dues collection. Wonder how many folks will continue their membership.

an Services
Attention: CMS-2413-P

Re: Medicaid Program; Reassignment of Medicaid Provider Cla

nd rule change regarding third party payments being withheld from Medicaid payments. As a care provider, union

d I would have to worry about another bill to pay.
 </p>

iation of third party deductions from Medicaid payments. The ability for unions to deduct dues from its member:

not stand up for the worker. End forced unions!

Y FROM US ITS TIME YOY STOP!!!!

the Dept. of Health and Human Services.

'E NO RIGHT TO THAT MONEY.

775, so I support proposal number CMS-2413-P.

oud UDW member, 12 years and counting, in the county of Sutter. As a provider, I have had the pleasure of prov

ts.
ne Supportive Services (IHSS) program in 2009. I am fortunate to have this program to help my clients, the elderl

o do because I am taking care of a loved one. When my Union dues are deducted directly from my check really h
n care by these health professionals known as caregivers for most vulnerable in our nation. Thank you for your ti
by my real soon straighten up fly right or where you're going to be gone

ns need to get their grubby hands out of hard working people's pockets. At one time, unions had a purpose but r
oney.

VA or Medicare. Thank you, A VOTING concerned American

ions deducted from my paycheck. I elect as a tax payer to have the payroll department deduct from my pay c
rs. Signing onto a union a few years ago promised benefits for their dues which never came. Please make the un
County and I get paid through the IHSS Program. I want to let you know that I strongly oppose CMS-2413-P

ou add other expenses a dollar only go so far. value shakedown Comes in many forms. Nevertheless it hurts just
for care givers!

ly impact my union, myself, my client, and my fellow providers in Plumas County and the state of California. Acc
yees are the ones who are compelled to do so.

of them holding the US taxpayers hostage.

/n legislative and political interests, pay executives, and even cover administrative coststhings that have nothing

edicaid is there for the people, not wealthy, greedy, union bosses.

imming money off Medicare. Thanks,

regarding CMS-2413-P: Medicaid Program; Reassignment of Medicaid Provider Claims.

Sincerely,

& Medicaid Services
Department of Health and Human Services
Attention: CMS-2413-P, P.O. Box 8

we have a two-tier justice system?????

money from caregivers wages for benefits customary to employees.

's immoral and it ought to be illegal, too. I'm hoping you will insure that it stops by making sure that such action: may or may not serve the interest of program recipients, is a gross injustice. The final rule should prohibit the pr
ederal government needs to regain some sanity and do away with unions, period. Most of the private sector is no

or Medicare and Medicaid Services to support your recently proposed rule, CMS-2413-P -- addressing union dues

spirit of the law be carried out. Do you have the power to help in any way, help the people who cant help them

bama regulations as they can.
But Obama-loving bureaucrats and crooked union bosses are teaming up to k
bank account helps them tremendously.</p>

you to finalize the proposed rule, Medicaid Program: Reassignment of Medicaid Provider Claims.

professional and competent workforce caring for a very vulnerable population. Not allowing Union dues deduction
unions are only want help themselves get richer and to help elect the democrats.

ily.

g dues skimming. Thank you for your consideration.

ial provider program. This allows them to stay in their own homes, thereby saving the state, and by extension, A

Directed Services. Our mission is to support stakeholders in self-direction across the United States so that individ

ctors Association of California (CWDA), and California Association of Public Authorities for In-Home Supportive Se
in jobs.
One of the worst allows wealthy union bosses to steal nearly 200 MILLION MEDICAID DOLLARS A YE/

o steal from.

e world would a federal agency allow unions force care workers to contribute to a union? This is simply robbery.
E OF THEM WERE UNION !

e good in this country and making a real difference in people's lives. Worst of all is they don't represent the vast
o this insane practice.

ions of MEDICAID dollars from AMERICA'S HOME CARE PROVIDERS. STOP UNION THIEVERY and END DUES SKIM
on dues to be taken out of my pay automatically.
I had requested to be opt out of the union last year but ur

NC.

.
Stop it now!</p>

ying to find the money to hire a caregiver for occasional relief is already very expensive without unions getting e
alth care. Remember what goes around comes around. One reaps what he sows.
oney from those who need it most

>Their cause...
i a thing!

and just cause financial problems along with politicians that don't worry about how retirement will be paid YRS. d
ing direct payment of voluntary contributions will unnecessarily and improperly restrict home healthcare worker

le, CMS-2413-P, addressing union an unfair practice known as dues skimming from Medicaid beneficiary paymer
ors should be jailed.

cute the criminal ones.

CMS-2413-P, a proposed rule that would put an end to union dues skimming from Medicaid payments to home t

proposed rulemaking (NPRM), issued by the Centers for Medicare and Medicaid Services (CMS) and published in

ny more of peoples hard earned money. Thank you!
nd influence in politics.

as home care providers. Stop union thievery and end dues skimming immediately. Put an end to all regulations
government unions are illegal and against the Constitution!!! Stop
earned.
problem.
to get another job and a life. You are stealing from everyone and that includes members of your own family.
forced Union dues paying should be abolished.

he 1980's. We've proven that people with significant levels of disability can select, hire, direct, and, if necessary,

of Health and Human Services to withdraw the Proposed Rule, which seeks to impair States' ability to make paym
d it for, not to be dipped into for padding pockets.

of dues away from Care Givers. I urge you to correct this horrible situation by rescinding such regulations immedi
S CARE GIVERS!!! THANK YOU!!!

tice of proposed rulemaking (NPRM) issued by the Centers for Medicare and Medicaid Services (CMS) which wou

nt prohibition, I submit the following comments for your consideration.
I contest the justification and interp

te and inefficiency in the process of delivering care to needy Americans, and end the blatant violation of taxpaye
s
Attention: CMS2413P
P.O. Box 8016
Baltimore, MD 212448016

Re: Medicaid Progar
S2413P
P.O. Box 8016
Baltimore, MD 212448016

August 8, 2018

Re: Medicaid Program; I
ion, that is their business, but under no circumstances should the Federal Government allow automatic fund fun
IS2413P
P.O. Box 8016
Baltimore, MD 212448016
August 9, 2018

Re: Medicaid Program; R

aid program. How dare the government even set up and allow such corrupt use of Americans' hard earned mon
S2413P
P.O. Box 8016
Baltimore, MD 212448016
Re: Medicaid Program; Reassignment of Medicaic

S2413P
P.O. Box 8016, Baltimore, MD 212448016
Re: Medicaid Program; Reassignment of Medicaid Pr

of the Governor. As explained fully in the attached comment, the State of Illinois supports CMS's proposed rule

>
I am a caregiver. I have been a caregiver for 17 years. I take care of my (b)(6) who is mentally disabled ;
S2413P
P.O. Box 8016
Baltimore, MD 212448016

Re: Medicaid Program; Reassignment of Me

>I became a provider because my (b)(6) needed help during her old age and lost her memory. I care for her at my
vers.

posed rule, CMS-2413-P, addressing union dues skimming from caregivers Medicaid payments.
Currently, u

back. Stop giving this treasonous past president a free pass for all the crimes he did to our country!

; are the only way to bring democracy to the workforce. Workers should have a say in their rules, regulations, an

f supporting.
Thank you,</p>

forcing on Americans??? Congress, McConnell, Ryan, get the lead out and take care of all this chaos!! Get with profit the rich and crooked Dems and the Union Bosses. So help Trump overt these practices. Please~!

ature.

L. Principle of free association: Supporting or associating with a group such as a union should be an individuals fr
to do so.

& Medicaid Services in support of your proposed rule, CMS-2413-P, addressing union dues skim. This will e
earned income to properly help those who are in real need rather than padding the pockets of the "union boss
, since they provide NO services to these workers.

understand part of this allows states to confiscate from our checks the money that normally would have gone to
se hard working people. Stop the corruption.

h as it is.

d theft now.

ng off the top for those who should be stewards of the funds entrusted to them, I am sickened to know of the ba
work, and trying to push for pedofiles do get away with what they are doing in Hollywood!!

care. Why do unions get one penny of Medicare dollars for any reason. You must undo these actions now and re

ociation. The Unions Scam to FORCE people to pay them dues against their will BLATANTLY VIOLATES this right. I
ey that can go to union upper mgmt from medicare I am against and would love to see something done about. T
ning money from health care workers, and if you find it happening put a stop to it.
he hard working members want.

ent, University of Nevada, Las Vegas*
*For Identification Purposes
Comment on CMS-2413-P
August

s and the Centers for Medicare & Medicaid Services to enact the proposed rule, CMS-2413-P, addressing ur
o take care of my (b)(6) This needs to stop immediately!

and totaled approximately \$1.4 billion since 2000. In the eight states that continue the practice of dues skimmir
and this needs to be stopped. These people should not be forced to belong to the union unless it is their choice to
ces
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201
Big Union Bosses are NOT entitled to a dime of our money,... especially without our permission!
#DRAIN
and elderly. And if that's not bad enough, you in the government are helping them do it! Stop union
ence is criminal, please stop the unions.
barely pay their rent. We will need more and more of them as our population ages. Do not punish them

ion dues automatically deducted from their paychecks. Preventing this would lead to lower pay (for workers wh
e than this. It is evil to let this happen!
eing, one the training that we, PCA's have to go through for our clients doesn't relate to my client, so I don't see
d financial protection. They care for our elderly and weak citizens, who need aid and assistance. It is imperative
y are doing nothing in return. Please change the laws to stop that from continuing.
aregivers. To a person, each of them resents having to pay union dues they do not want to pay. So many elderly
our (b)(6) we elect to self-pay my (b)(6) o provide ou (b)(6) eeded care. While Medicaid funds help offset some c
ers that are in greater need from illness.
ing dues for nothing
y went down the drain during the automotive fiasco? Far too many automotive workers and their families lost th
which in turn normally only supports one party over the other. Healthcare dollars need to go towards healthcare
n medicaid dollars.

How can that be allowed to happen? This needs to be stopped now! Pass legislation to prevent this outrageous abu

een robbing us taxpayer for far too long. Stop their abuse now.
es care of my (b)(6) and do not earn an outside income. We can not afford to hire union help. This would l
op unions from stealing money from these hardworking home care providers.

interference

would be against this crookery if it would benefit Conservatives, it is nothing short of robbery from people that r

ema Verma
United States Department of Health and Human Services
Centers for Medicare and Medicaid

l of unions skimming from the hardworking workers

any longer, they have become a mafia.
Thank you</p>

NO UNIONS at all in the government!

he old movies where these evil people have no concerns for their Union Brother's and Sister's.

a closed shop and the RTW should be enforced....

ces
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201

lthough Virginia is a Right to Work state, the current process, in many states, of taking much needed Medicaid fi

ve jobs.
The country is going broke trying to provide medicaid to
illegal immigrants. We can't afford to g

yers. please repeal the entire obamacare law too.

I support.
Stop this charade so we can hire the sorely needed employees that are involved in your scheme, \n or paying down our enormous national debt and not payoff union bosses for their sole support of the Democrati g as hard as they are. Unforgivable.

ofiting from said funds yearly and only those which do not benefit "one particular group" should be kept. All the ay without my approval and used to fund a politically-divisive organization that I do not agree with or support. <

om now on.
Any and all guilty parties must be brought to justice! No one is above the law! Why
is thi

.
Clean up Washington now or be voted out!!</p>
cy, you need to end this government racket!

more needed.
Thank you for giving attention to this matter.
Kind Regards
s to make America great again!

nstead of it being forced on them.
rt you make to make it right.
g money from hard working home caregivers

ndering operations with no conscience. Fix this ridiculous abuse of trust!
ican jobs. It's time to end these regulations that allow \$200 million Medicaid funds to be taken from America's H
ees to pay
agency fees before the U.S. Supreme Courts Janus decision rectified that wrong. In each case an i
on finding free-market solutions to the public policy issues facing Montana.
MPI strongly supports the propo
Please let workers have a choice. Thank you.
! A lot like a socialist country-Hmmmm?

them.
You were elected to do the right thing and honest thing for the people.

s.
m. The fact they take hard earned money from workers who do not want to join is ludicrous... stop it now...

tely.
Thank you for your time.
(b)(6)
: so many other unions do. No wonder health insurance is so costly with this sort of thing going on!
e people your constituents you represent and need to listen to, and change your representation to reflect their i

ministrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services <
idency they enacted a ton of unspeakably awful regulations, destroying countless good-paying American jobs. <t

keep taking out our money for other projects.
iation, but an appreciation none the less.
How in the world is it permissible to allow union workers to spend

t have to join the Union. The Dept of Health and Human Services should not be assisting the Unions in any way, :

: is stealing \$200 million dollars a year from Medicare by wealthy Union Bosses from home care providers ! Than

; to steal from Medicaid and America's home care providers! Stop union dues skimming!
eassignment of Medicaid Provider Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018)
N
The unions are a band of thugs living large off of the labor of others!

en forced to be represented by SEIU, despite the fact that only 13% of eligible PCAs voted to unionize in 2014 an
arnings for their greedy desires.

PLEASE ENTER YOUR COMMENT HERE

Why with these actions? Shame on you!

efficiently linked to the exceptions expressly permitted by the statute."

Nonsense. This is a weak and incoherent argument.

Why are they getting this? just because it was wrongfully allowed! Those are \$ that can do some good for those who need it.

who get up early and go to bed late, taking care of people who can't care for themselves for generally very low wages. Stop the government unions from demanding dues from caregivers.

I! Fortunately I learned an early lesson and went on to nonunion jobs the balance of my career. I'm 84 years old and still working.

Those who do nothing for them.
Stop this thievery now.

We are providers.
I Urge the Department of Health and Human Services to undo this crooked regulation and stop the regulation that disallows the contradiction of a law passed by Congress. We expect you as Legislators to vote with the people.

Why to rob American care givers?
Eliminate this law immediately!</p></p>

What he did for. 8 yrs was to destroy America that is very anti-american, now President Trump is fixing it.

Why union leaders....

Stop this wrongful practice.</p></p>

& voting !!

the good people who provide much needed care to our sick and elderly. This is ugly government corruption at its worst.

for use on their pet projects.

for other reasons - it's THEIR money, not their employers.
</p></p>

for their original purpose. They are now part of the corrupt " brown shirt " force of the Social Democrats and just as untrustworthy.

It MUST STOP.

Nothing needs to stop where ever it occurs!

People and caregivers its time they are stopped

centralized office, or don't have a credit card or a bank account are far less likely to pay dues, diminishing the union's power.

s have dipped into her savings. Unions have no business skimming off the top of the elderly people's hard earned money for anything!

It is offensive to me as a taxpayer.

and many other no longer relevant items.
In the 60's, I overheard a union steward pressing an employee of

abusing them. These bosses should be making their work situations easier and better.

employees they are supposedly there to protect. I don't believe in Government unions and think that is just another o

Medicaid. Over time to stop lining the pockets of fat cats and TAKE CARE of your people!!!!

Have all they had for us. Thank you.

alized office, or don't have a credit card or a bank account and are an attack on their ability to unionize.

silence</p>

in the home health industry by wealthy union leaders and government!!!

crooked regulation that steals nearly 200 MILLION MEDICAID DOLLARS A YEAR from America's home care providers and the elderly.

away from Free enterprise. I was 'union' once, and I got the same pay check as the guy who goofed off all day. I do

ely!.

 PLEASE ENTER YOUR COMMENT HERE</p>

elder care givers from this pilferage from their income by labor unions. Thanks, PLEASE ENTER YOUR COMMENT
ons. These types of regulations have to be repealed.

ALL money from our wallets. ENOUGH!!!

and Obama and friends. stand up for what we The PEOPLE elected you for !!!!!!!

care for my elderly (b)(6) her own home. Without me she would need to be in a nursing home. Caregivers

and necessary workers need every penny of their paycheck. This practice amounts to stealing others' money.

ing!</p>

viders.

ings for our country and you should stop your selfish actions too!

ankful that we can have our 24 hr handicap (b)(6) in our home and be able to be paid through Medicaid services.

skimming from home care providers using Medicaid dollars.

blame our financial failures on something else. Time to stop the obvious stealing from our working class and really in regards their pay and Medicaid. Many Personal Care Attendants worked with beneficiaries of Medicaid. N

assignment of Medicaid Provider Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018)
I

os pacientes que reciben de Medicare. Claro, por eso tantas denegaciones de
medicamentos y otros servicio

r immoral

re services / medications covered by the insurance affecting the treatment and health of the patient.
It is wi

xponentially while medical insurance companies are just looking for their best interests harming doctors comper
derpaid just imagine what will happen if the medical insurance companies have the right to control what belongs

on tarifas del 2016 y la resistencia de las aseguradoras locales de pasarle a los proveedores el aumento de Medi
ive their complete payment, and any circumstances in which a state does divert part of a providers payment mu

: take care of so many
persons. There is a big difference between what
looks nice on paper and reality c
levan las aseguradoras, es una gran noticia, abog por q se haga justicia, gracias.

also a severe shortage of
specialist. The main reason for the shortage is the difficult working conditions. A l
it to provide excellent care to patient and also decent payment to providers. that company need more restrictio

bout my IHSS recipients. Recipients are my (b)(6) I also care for cancer patient (b)(6) and older a
home care in this country. I am a struggling singl (b)(6) ho cares for three children, two with mental disabilit

just this one county but I can only speak for this one. We provide health care coverage for more home care wor
ews of the entire union.

I support home care workers and their choice to be union members

I do not know weather this is designed to weaken the support of the Union, though it probably would.
ed to collect dues to be able to carry out their representation mission. I ask that you leave the earlier policy in pl
argaining over deduction of union dues and agency fees from Medicaid payments to these providers, often famil
it ia left is only medi-cal and medicare if this is not true then some one like you needs to clear this up, but that w

s

Attention: CMS-2413-P

P.O. Box 8016, Baltimore, MD 21244-8016

We al
or those in need! Submit your formal comment NOW to END Dues Skimming!</p>

parameters around that?</p>

rkers. They are often family members that look after a medically impaired parent, spouse, or child who would o

red as a "public employee?". What possible benefits could the unions offer these public employees? Will they fi

ir>
The proposed rule interferes with working people's freedom to join together in a union to bargain for wa
old and health insurance is my biggest concern. Without the union group health insurance my family will not be
institutions, thereby saving the government money. Remember, someday you might be on the receiving end of
ons for public workers, who were already represented! We were warned!

e resources necessary to defend the rights of their workers and fight for fair treatment, salaries, and equity. This
ions and compensation. Substantial research has found that low wages, lack of benefits and poir working condit
d stipends for in-home care that varies based on hours required. Many family members forgo careers to take car

ent Period for Notice of Proposed Rulemaking, RIN 0938-AT61, Medicaid Program; Reassignment of Medicaid Pri
d Provider Claims."

tes morbidity and mortality per capita In the USA. As a practicing physician, I can attest that the massive exodus
re for a family member. The SEIU had been taking 3% directly out of Medicaid stipend payments to many PCA's,

4-8016
I am writing in opposition to proposal #CMS-2413-P, the proposed rule change regarding payroll ded
ected by their daily actions.

2.

collective bargaining rights. Refuse this rule, to protect workers. </p>

they now occupy. Harold Garrett-Goodyear, Professor Emeritus of History, Mount Holyoke College, 31 Woodbric
e value many homecare workers bring to the lives of many. </p>

,SSS Advantage MCS all are diverting the money CMS sends for medical care into another Uses as , TV Ads, Parti
S) are singling out union dues as the only example of a practice that would be affectedindeed eliminated-- by the
f us who have had to deal with the issue on behalf of friends and loved ones know that decent home care service
nized home health care workers. This is a anti-union tactic that needs to be stopped.
Respectfully,
Henr
ange is necessary to fix any harm or problem, and in fact the change harms people who have made a choice to]

and paid sick leave. It is very important to protect the health and well being of the workers. I urge you not to ma
: of the fastest growing occupations in the country and yet home care workers make an average of only \$10.49 a
he right to join and support a union. Added to that, Trump is trying to ram this through on a fast track. Standard

aid funds are being improperly used by states or "diverted" from the Medicaid system. This measure is an atten
ublic interest. I also question the agency's attempt to use administrative rule-making to obstruct workers' legal i

litions that protect America's healthcare providers and give them a voice in their job. </p>

union, as Justice Alito recently put it. The proposed change, as written, shows clear animus against these workers
make the choice to pay union dues. Union dues are deducted once wages have already been allocated to worker

</p>

nts on the Proposed Rule to Remove 42 CFR 447.10(g)(4)

I am submitting these comments in my capac
independent providers of homecare and interpretation services for which the Medicaid program is the primary s
I worked with drew from especially caring individuals who were willing to go to extraordinary lengths in order to
are services from Medicaid?

care workers from choosing to have THEIR OWN union dues deducted from THEIR paychecks, it also jeopardize h
e for our elders. Reject this change and insidious attack on unions and working class people.

S-2413-P will make it more difficult for these workers to organize and maintain labor unions to improve their wa

as and communities.
Hand in Hand: The Domestic Employers Network is a national network of domestic em
he wage earner.
federal law requires the state to pay the earner all wages earned. SEIU would then be requ
much me hard earned income and then spend it any way they please! Im the one putting in the work so I should b
>CMS wants to repeal that 2014 addendum or clarification in order to attack the right of public sector workers t
nes most vulnerable in the lowest earning jobs out there, such as auxiliary health care positions, to joining a coll
br> </p>

deny without reason any payments for services of high complexity such as 99214 for example. This happens des

funds are being improperly used by states or diverted from the Medicaid system to pay home care worker union higher pay, better benefits, job security, and protection from harassment. This new rule undermines the gains made through the fight against the assault on home care workers who are already some of the most vulnerable in the job market and earn extra money for their work. The rule relates to "payments to unions," even though CMS admits it has no data to support the assertion that unions are overpaid. In order to use that stolen medicaid money to enrich and elect more crooked politicians and force leftist politicians to spend more money on themselves under any circumstances. In 2014, the federal Center for Medicaid Services (CMS), which administers and regulates the program, found that states were misusing funds. So of course I wanted to get paid for my work so I signed the paper and they have taken dues out TWICE a month. My window is, and when I call, they use strong-arm tactics to try to get me not to cancel. When my phone call is finished,

amp; Medicaid Services to enact proposed rule CMS-2413-P addressing union dues skim. This will end the unfair

MS-2413-P addressing union dues skimming from caregivers Medicaid payments. Medicaid has a narrowly
face low pay and difficult working conditions. It would be a terrible injustice to undermine collective bargaining
health insurance, skills training, and other benefits customary for employees. The attempt to remove ne
are routinely in conflict with my own values.

federal resources, which are both ultimately provided by the taxpayers of the state. It is the expectation of taxpa

are in Puerto Rico will continue deteriorate. Money in healthcare you go to the providers of the service.

have a lawyer write a letter stating I had the right to not belong before they agreed. This was before the current situation. The comments are in support of the proposed rule which removes the regulatory text at 42 CFR 447.10(g)(4) which allows a state

› This is an excellent example of why Unions should not have direct access to MY income.

 If I choose to |
; customary to employment. I am a labor economist (professor at UCLA), and the labor data that I study for a liv

on here in King County, Washington for which I am paid to care for her. The funding that we receive to allow me to provide services from what I understand. I can't find the communication, but it appeared to me that the State was content not to subsidize union political activities, this rule change seems both judicious and necessary.
While at the same time it is concerned that rescinding the proposed portion of this rule will unnecessarily restrict state flexibility to a degree for MNPCA, the Minnesota Personal Care Attendant (PCA) organization which has opposed the Service Employees International Union's tentative consent to Medicaid caregiver union membership. The proposed rule supports our nation's caregivers and is not a gigantic disservice to the hundreds of thousands of home care workers and their patients that benefit from 3r

d the result is that many others interventional MDs are no accepting patients for certain procedures leaving pati

y of lower-income workers to unionize, and hence to engage in collective bargaining, and to receive fair pay for

I services. Diversion of some portion of caregivers payments to a third-party union (which do not provide caregiv
with lymphoma cancer for the last two years. (b)(6) has the dental insurance and wages through the union, and tl

nor could I attend classes without joining the SEIU 775 union. I was finally able, after much fight from the union,

support of CMS-2413-P because the practices SEIU 775 uses to collect union dues are misleading and disho
ation in favor of complying with a law passed by Congress. Thank You (b)(6) br> /p>
ectly. Please support this measure. It makes good common sense. /p>

with many computer glitches, I contacted SEIU775 for help. I was told directly there wasnt anything they could c
benefit Medicaid recipients, the result, in which Medicaid funds are given to unions for use towards political go
> /p>

: CMS-2413-P br> Aug. 3, 2018 br> Dear Mr. Secretary, br> I am writing to express my support for
deduction of \$2.00 per hour is deducted from their payroll (called "orientation sanctions") until the requirement

ther agent or agency. I was forced to have a portion of my Medicaid claims paid to the SEIU 775. I always objec
ing social work, I've seen what home care workers do and how it makes a difference in my client's lives. And I kr

or any other intervening agent. I originally authorized dues payments but was constantly rebuffed by the SEIU 77
that the union had "an unalienable right" to meet with caregivers, and we have no right to decline the meetings.

those early days the States 'algorithm determined nearly 200 hours monthly. Then SEIU775 got involved. Yes th
s Council and a member of AFSCME union which fights for my rights as a retiree . I pay my dues out of my Washi
ollective voice!
409 /p>

very health care workers would lose their health care coverage. The very idea! We are a wealthy nation. How c

uld stop trying to make people quit the union the working families and people need unions

a. One way or another. Pass new LAWS.

price spiral caused by union big auto greed. At one point union membership was akin to academia's tenure, in

ey goes where it is supposed to go!

e was clear that being apart of SEIU 775 was a mandatory requirement for being a caregiver. She never told us th

emist organizations and the Trump administration that would deny the rights of caregivers or their ability to adv

y extremist organizations and the Trump administration that would deny the rights of caregivers or their ability
training to provide the highest quality of care

se insurance companies are investing in publicity instead of investing on direct service to the patient. It is also ar
enter of the American Experiment (the Center) is writing in support of the proposed rulemaking (NPRM) by the
caregivers alike. There are not enough caregivers to accommodate every disabled and elderly person in the state
Please treat us well by not curtailing our rights to associate and advocate for better working conditions; it is in t
2004 and a reassignment of Medicaid payments (payment of union dues) was a requirement for me to be a Med
nt of Medicaid Provider Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018)

I am wi
r a labor union to organize. A rule change requires a stronger justification than that.

I suppor
Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018)

I am writing to ask that you inv

velopment of a contract that affects over forty-
five thousands people across the state of Washington.

y union I have a decent wage, retirement, medical and many other benefits for its members. I strongly oppose
benefits for us caregivers. They have helped us with the increasement. The Union is a Family to me because th
> an hour with no retirement and limited medical through my states medicaid program. I became an SEIU775 un
es. We are concerned that these provisions are overbroad, and insufficiently linked to the exceptions expressly p
Health Care Providers keep the clients in their homes
thus benefiting their local economies by their paying

T HERE

his horrible practice, now!

his is a formal request to the Department of Health and Human Services. It is time to stand with President Trump
be stopped.

uman Services a message. Stop dues skimming immediately.

what they might earn. Many care for family without remuneration and should not have their money going to Al

id elderly. Please remove this policy and give caregivers their money back.
om it (by robbing the saint and the helpless, BTW!) is plain greed. It's stealing.</p>

n of choice may have good and bad outcomes, but that's what individuals have to decide for themselves

Whom they disagree. The freedom to choose is something every American deserves, including our healthcare providers. Join us today to support the American Medical Association's position on the Affordable Care Act. **CLEAN THE SWAMP**, get rid of corruption.

: should be used to help people in need of medical care.

Please stop penalizing families with this unjust regulation.

simply not right that union bosses are making six figure salaries by, effectively, stealing money from the people v

[illegible]

ere so great, people would voluntarily be paying into them. Enough is enough! Thanks for your utmost attention

it vulnerable people.

. Please Help stop this union thievery by sending the Department of Health and Human Services a message. Urgent
them like a bill for a service (they never provide) would be more beneficial to the client.

ues skimming.
: they really mean is in their pockets.

· these union officials, to just line their pockets. STOP this greed now.

dent this country ever had!
the regulation with the stroke of a pen.

ones that are benefited and not the workers.

because of the required Union Dues.

r issue. Stop the wasteful spending.

they passed from lung disease and ALS, respectively. These folks, sadly, probably don't receive enough pay for

yet balanced funding
of programs such as Medicaid. Dues skimming robs the vulnerable who need the assistance covered.
The will be better able to meet my needs if their needs are cared for through a union which will

dues skimming immediately.

the program is intended to help. Please do away with this atrocious remnant of the despicable Obama administration

Christian morals and values who DO NOT want their hard earned money taken from them, and used to support

THE TURN OF THE 20TH CENTURY. OF COURSE THEY ARE OF THE LITTLE GUYS, NORMAN UNION WORKERS. GIVE

everything Obama in the cat box.....

gulation that let them do it!
Skimming nearly \$200 MILLION a year from these home care providers is a crime

d The Time Is Now for it to end thank you

True public servants would do the work to support our country, and nobody ever seems to get fired as a result.

often family members, of the money that is supposed to be used for their health care of their charges, Not only

their money.

g health care providers dues. Sadly, President Obama enacted the regulation that let them do it, and it needs to

is includes computing what was withheld from payroll and writing a check to a union.

you and those who are rich. Also, we need more care workers as more people are living longer lives and we NEE

crooked Obama-era regulation of union dues skimming. Thank you!</p>

it out of the funds that can help hard working Americans, care for the elderly.

min. to still control how Unions siphon off \$\$\$ from Medicaid Workers! OMG! WHERE IS YOUR HUMANITY.

le who are taking care of the sick and elderly. Please stand with President Trump and stop this crooked Obama-

NOT AFFORD TO PAY MORE IT THE UNIONS TAKE MONEY FROM THE CAREGIVER, JUST TO BELONG TO A UNION

A co-worker told me if it wasn't for the union - she'd be out on the street!!! Well, if she wasn't able to get the job, the union dues are being skimmed by unions to pad their pockets and deprive those on Medicaid in need of the funding. My taxes go down, shows you have no character or ethics.

PLEASE ENTER YOUR COMMENT HERE

country! I believe home healthcare givers should be able to negotiate their own wages just fine without some Union rescind the Obama era regulations to stop this action.

is. These people need your help.

you would take away their ability to get health insurance, additional training and to be represented by unions in states will help them to be treated as well as they deserve.
Thank you.</p>

third party from collecting health and retirement benefit contributions on behalf of unionized employees. The 2,000

California, Connecticut, Illinois, Maryland, Massachusetts, Minnesota, Missouri, New Jersey, Oregon, Vermont, and a large amount of money destined for patient care and providers payments. For long time providers payments had but never actually agreed to be a member of the union. Upon request to stop dues and end membership, the union

When I started as a paid provider (after having already cared for my (b)(6) for many years), the union representa

pacientes de la tercera edad se merecen. Se hace justicia al medico primario con esta medida.

orking to protect their rights. Workers should be able to continue contributing to their unions via automatic deduction from their pay. Small earning without my consent is just NOT right. </p>

tion for their work; even to cover the overhead cost for the basic functioning of their offices. It is time that our pay goes to the patients. These companies claim to be acting in the patient's best interest, but they are really trying to increase the gain

the care of individuals, not redirected to Unions to use for their legislative agenda!!

nds them directly to a few powerful unions. I Do Not Support This at all!

the compensation for such services is owned by the Provider and Payments to the Provider are controlled by the

and use it for your own gain is despicable. Not only that but these are public funds being used for private enterprise

)(g)(4) that allows a state to reassign portions of a provider's payment to third parties for benefits such as health

This union thievery must stop.

Union bosses making six-figure salaries are stealing money from

ANY people "Up the (proverbial) River."
The choice, Ladies and Gentlemen, is yours!

In God We Trust

erly, should not have their dues skimmed without their approval, by union bosses who have much greater wages

reated better than that.</p>

reasons. Many of these caregivers are interrupting other activities in their lives to do so, including gainful employment

money which comes from CMS is used by these companies to offer parties in order to capture more patients. The

rored themselves to greed.

ist stop.

of \$1.4 billion since 2000.
The current policy is wrong (and the proposed rule will improve the situation) for

less Caretakers deserve their salaries, and unfortunately many caretakers do not get paid full value. Again, I un

re corruption. Stop allowing unions to benefit whole those they are supposed to protect remain helpless.

more money from us. We cant afford it. Most of us work seven days a week twelve hour days just to make ends
they joined a union.

e tune of \$200 million per year. This is not only unethical, it is unconscionable! It is way past time to restore ethi

re sick and elderly.

Stop this NOW.</p>
<p>op!.
>

Thanks and God Bless America!

ghteousness. We need men who will rule and execute Godly judgment and Truth in justice unto all people (11 S
ver again.
 Its well past time to drain the swamp and surrounding ponds alike. Do whats right, protect the n

Why is it being taken WITHOUT their ability to say NO!

 Funny, things you WANT, nobody seems to

te mientras al medico nos siguen quitando ingresos. Hace 3 aos las aseguradoras MCS, MMM y PMC me cancela

l13-P,
P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS-2413-P: Medicaid Program; Reassign
s been my entire life and I am (b)(6) years old. I am thankful to be able to care for my (b)(6) nd to the Union for th
remely unfair tactic that undermines the well being of home care workers and their families. This will ultimately
; or being tested... or not replacing its battery if it needs a new one.
Sometimes, even Paramedics can't get
number of home health care professionals and increase the number of people who need federal assistance beyo
ort our communities and I support their efforts to organize for better working conditions.

ers from paying dues through their paychecks. Support hard working Americans for a change.
2413-P (July 12, 2018).

at year.
The problem is that this is not happening. Since 2017 the provider compensation fee schedule wa
icare, and other benefits. I pay for my healthcare benefits and support my union through payroll deduction, but t
in 2016. I was surprised to find, in my last 2 paychecks, that the state is taking out union dues again. I tried talkin
dues gladly for 28 years as a Washington state employee. I did not have to do anything but check a box for auto

, and I value the services they provide in my community. That is why I oppose this proposed rule.
 </p>
le receiving wages from Medicaid-funded programs like the PCA Choice program in Minnesota. I am a PCA for n
o home. HOWEVER, there is a shortage of RNs able to fill all the needed time slots for her to be at home in Spok
he health and proper functioning of unions, in the same way it should monitor them honorably to help maintain
' bargain with their employers is harmful to their well-being, demoralizing, and ultimately harmful to recipients c

AS). They're trying to go after the home care union by trying to prevent union members from paying dues through
they enroll. This has to stop
e to be able to pay dues through their paychecks.

t of Defense.

owe them our support and allegiance.

he proposed rule that would end unions ability to collect dues via payroll deduction and end the payment of me
litical (witness the commenters who believe that destroying Unions is desirable).

That this rule is disho

ld age.

port the rights of unions and all their members. Automatic deduction of union dues must be allowed. I am not a

-2413-P, to remove the regulatory text, 42 CFR 447.10(g)(4), which currently allows a state to reassign portions c

llovers. Thank you for allowing me to give you my opinion.

Γ in November!

ap shot at poor people. Even the shortened comment period shows how little this administration cares about w

alism is disgusting and has decimated our Native American population. We are not Native Americans...yet, I do n
aid payments.

In 2014, the Obama administration issued regulation 42 CFR 447.10(g)(4) which authori:
osal, will receive my wholehearted opposition, through financial contributions and encouraging others to vote fc

ove their compensation and benefits, will contribute to turnover in an already very high-turnover sector of empl

o be a good employer, or they are working for a company who is only interested in profit and easily misuses thei

jack entitlement programs is a topic of great interest to us. We don't forget friends or enemies.

is the program or its recipients. The enactment of this rule I believe would be oppressive to low income workers
ormulated to obstruct union membership. In a country where less than 10% of workers are unionized, these effo

ly significant.
"We're from the Government. We realize we may have accidentally helped you. We're here to
o many other workers take for granted, especially in light of the projected demand for home care to increase by
able to attract and retain workers who are attending to the most vulnerable members of our society.

I
yments for services directly and in full to the providers serving Medicaid clients. With the federal Medicaid law I

s with ESRD. The Medicaid Program in PR has paid the 20% deductible for these patient up to the 2015. Thereaft
on. The proposed change is part of the systematic efforts on behalf of this administration to destroy the power o
.
WellCare Health Plans focuses exclusively on providing government-sponsored managed care services, prii
e a family when I left, I was still only making over nine. I could not afford to pay all my Bill's and still feed my chil

When people who need assistance stay in their homes, the tax payer saves money because the cost for care is so
ion dues they can hold unions accountable and truly represent their membership. We all benefit from the result
tary Azar and Administrator Verma:
Thank you for the opportunity to submit comments on the Department

choose to support them however want without being forced or coerced. They can make the payments directly i
which means it will make it more difficult for these workers to be union members. These dues are voluntarily de
nean spirited rule.

on home care workers from having their dues deducted from their paychecks.
Paycheck dues deduction is a
io is a no brainer. Tax reform is needed, I think, to prepare for this eventuality we all will face. I suggest taking in

e vast majority of us provide this service for a family member. We do this out of love for family but also depend

time consuming to do it by hand.
Please leave the current system alone !

s zero services for me and I do not agree with their politics. I cannot believe the amounts of union dues that the

of loved ones. It is work that has long gone without the respect and decent working conditions these workers d

e care aids indirectly hurts the people they care for. Making home care viable reduces the need for institutional

arming story on Senator James Tediscos' new Lemon-Aid Law for Children to keep child-run lemonade stands o

industry struggling to find high quality workers to care for the most vulnerable in society. Collective bargaining gi

rol of the Trump Administration in it's war against labor and the American working class. Instead, stand with our

ington, DC 20201
Dear Secretary Azar:
The City and County of San Francisco's Human Services A

Provider Claims (CMS-2413-P): DAIL seeks clarification as to whether certain identified arrangements would
ate. Throughout my time speaking with CPAs, there was a staggering number of individuals who didn't know tha

ive been a home-care worker for 12 years and need the extra income to support my (b)(6) and myself. The al
ed child and a u ion member. Making u ion representation more difficult is patently wrong and will make care fc
e Medicare Advantage Programs are not reimbursing providers justly. CMS needs to ensure that providers receiv

ling
200 Independence Avenue SW
Washington, D.C. 20201
Secretary Azar,
with disabilities.
ness and leave our rights alone.

E LITTLE GUY!!!

assigned way

ome health while attending university and taking care of my two children on my own. Having a union to be on n
re allowed to do that for every workers, neither I am an union member nor not a member! They DEDUCTED

ire work even more poorly paid, benefitted, and respected, will exacerbate the severe shortage that our nation s
paychecks. By doing this, you will only spur a backlash against you. Be careful what you start.

they choose. How would you feel?
off and let home care workers make their own choices about how to manage their paychecks.
I am writing in opposition to proposal # CMS-2413-P. It threatens the home care people depend u
are workforce. It lays out my concerns that the proposed rule will have the effect of weakening consumer-direct
they choose. By not allowing members to pay union dues or health insurance automatically from their paychecks
ion dues or health insurance automatically from their paychecks, this new rule change threatens a workers right
his new rule change could threaten a workers right to health coverage and their choice to be a union member, al
s is one less dollar available to help those in need. Sincerely,

ibers. These workers are lowly paid and generally poor, and they care for the needs of some of our neediest peo
ot cheaper than nursing homes and hospitals and save MEDI-CAL a lot of money with in-home programs.

they choose. By not allowing members to pay union dues or health insurance automatically from their paychecks

al law is the only protection I have against the SEIU union and collaborative state political intervention.

ne of the fastest growing occupations in the country and yet home care workers make an average of only \$10.45
it impossible for their union to collect dues is wrong.

ny of the third parties are well-intended, most have gone too far and are collecting dues not just for training and
2015 my contract began with the Washington State DSHS. This allowed me to be compensated as an individual

health care programs that serve millions of disabled and senior Americans.
Here in Illinois, we have a popula
be directly paid any public funds that are paid to a provider or employee for services provided to disabled childre
for the wealthy period. They are supposed to represent ALL Americans not just the entitled.
Unions are the
>The Capital Research Center (CRC) is a longtime watchdog on nonprofit groups, including 501(c)(5) labor unions
to overcome.

nd client preferred alternative to nursing homes.

Union representation helps workers to receive the pa

ed and which is therefore their property. This limitation constitutes a violation of these workers' free speech rig

oses union membership, he/she should pay the dues directly and not have the state take an automatic deductic

cks, this new rule change threatens a workers right to health coverage and their choice to be a union member, a
nesota (aka: Personal Care Assistants or PCAs). With MNPCA I oversaw all facets of the 6-month ground campaign

educted for union dues. I never signed
anything or authorized this to be taken out of my check or to be a me
at there were no benefits for the very high dues which were being taken from my
benefit checks. I called th
icaid checks without me signing up to be part of this union.
I had made it very clear that I did not want to be

sign a form that they said was a petition for
PCAs to make more money. Then I noticed that Union Dues we

After I discovered that I was having 3% of my pay deducted for union dues I called the SEIU
Union to ver
that I was having union dues deducted from my benefit checks, I
called the union to find out why. They said
o take care of a family member who is disabled. There is a union called the SEIU
that has been taking money
at have been deducted from my paycheck twice a month. I've had no success with talking to SEIU representative
union political activities when those funds should be used to provide coverage to our most vulnerable citizens. Th
oor and I told them I was interested. The man
then told me to sign a form saying he was not interested in join
enefit.
I recently discovered that I was having union dues taken out of my checks, however I never
signe
ues taken out of my benefit check from Medicaid after being
very pressured from the union door knockers t

in order to take care of family members that are disabled, I help
take care of my adopted (b)(6)

icaid. This is a wonderful program that allows family members to take care of their loved ones.
There is no ne

r deducted for union dues. I called the union and told them I did
not want to be a part and that I never signed

g this has been going on but I dont recall having signed anything saying I wanted to join a union. I know there is a

idea how to stop it.

like my handwriting but other portions didnt look anything like my writing but I dont recall ever filling out anything

their choice.

 I support CMS proposal CMS-2413-P

 Sincerely,

 (b)(6) br>

ronment. Many of these Medicaid funded caregivers are attending to family members. Why do they need to pay

13P.
THANK YOU
 [REDACTED] (b)(6)

ow the critical role caregivers provide in our communities. Caregiving, including homecare, is key to our rural ec

sentative 3-4 yrs ago. Somehow he entered our secured building and knocked on my upstairs apartment door. H

rs didn't BENEFIT me and felt like my dues were just "WASTED" money that my family of six could use for other t

RTAGE to NOT get
MUCH,MUCH worse!!!!!!!!!!!!!!
In the interest of "PROMOTING THE GENERAL WELFARE

edicaid, which is already financially threatened due to growth in enrollment from expansion.
2. States should

restrictions on their choices or ability to work and support their families. I rescued m (b)(6) from a dict

helping American oligarchs.

(b)(6)

SEIU and they continued to take dues out of her paychecks. When called, the union said, oh yeah, we'll pay you I
ed to specifically get permission for any and all paycheck deductions, from members or non-members. This silly
one thing and don't follow through and I was initially told I had to be part of the union in order to have medical, I
these governments be in the business of collecting dues, effectively acting as an agent of the union.

A c

ed income for dues. In order to receive any benefits from SEIU 775, you must work a minimum of 80 hours per m
posed to do until I asked the questions of the presenter. The others in the training would not have been inform

When I was first contracted, I did NOT want to join a union. I did NOT sign anything, nor did I agree verbally to any

oss the country who call on CMS to withdraw the proposed rule.

ed a stroke and ended up a chairbound hemiplegic. I am a registered caregiver for her. Presently I take full care (

np's pockets due to his insistence on staying in Trump Tower or Mar-a-lago, who will then use that to campaign
take money from people and using that money to line the pockets of the union and the Democrats in Olympia.<

a home where I've never been and care for them without offending them.
With that in mind, do you believe

is barely able to pay the telephone and heating bills, which IN THIS CASE WERE ALSO THE MEDICAID RECIPIENT'S

rs I have learned that the union cannot fight for me in any grievance I may of had or have. During the transition to CMS-2413- P.

worried about her nursing assistants because they had to work 2 jobs -- 16 hours a day to support their families. D

r help four times and did not get any help, I had to correct problems myself. A lot of problems being blamed on I
st like any other bill, instead of having the money taken from their paycheck. </p>

ers. I have seen the SEIU
and the Governor of the state manipulate around the SCOTUS decision of 2014 and
cause I support the proposed rule that will no longer allow the union to take union dues through payroll deducti
numerous clients in Minnesota and I support the proposed rule because I do not see any benefit to the union's p
uations thank you

. I had to send a hand written letter stating I refused to have dues taken from my checks for something I refused

nions stop stealing money from their paychecks.

My basic question has always been: Why should I have
his change. To the contrary, we view payment of union dues via payroll deduction as a legitimate way to use our
a caregiver all my life. My first client on IHSS was a man named Steven in 1991. He had AIDs. He was not only my

e or the care workers to stop this deduction from payroll. It is not being asked for. It is being motivated by the p
g fall and was diagnosed with stage IV osteoporosis in 2006. My mother also is diagnosed with chronic diabetes,
usal, CMS-2413-P, because people these days are too busy to have an additional payment. Im too busy and its eas

for an entire year before they are allowed to resign from paying union dues. Also, this may encourage the union
.

They deserved more paid vacation and sick leave.

And they deserved the dignity that most c
ically partisan one like a labor union. Looking across the country it's easy to see why the accusations of "political
nd the capabilities of my friend and I'm sure of many elderly people in her position. Her workers were often ecc

Union is making contributions to political campaigns that I don't agree with.

ing and breathing treatments, enteral feeding, diaper changing, trips to the doctors, dentist and caring for her o
ower. Where is research and that definitely needs to be gone through and considered. Thank you for your time.

I support the CMS.
And their decision to make this impossible. To do so for too long the SEIU. Has gotten a

ided the taxpayers and created a "con" worthy of prison time.
Medicaid has long been susceptible to theft t
tect home healthcare workers rights. Reject proposed rule: Medicaid Program: Reassignment of Medicaid Provi
diabetes, fibromyalgia and psoriasis. I do not agree with proposal CMS-2413-P because my provider that cares f
es that my story will be heard and understood of my ongoing struggles of trying to live a life of dignity. This propo
dont need another bill and I prefer my union dues taken out of my paycheck. These are wages paid for services a
nd a 17-year-old and I take care of my disabled mother. I have many bills to pay and many other things to remem

work, I shouldn't have to juggle another bill. These are wages paid services that are already rendered. Workers should get 11 years. I started caring for a very special friend with mental health issues. I recently had to quit my regular job because they need more attention than I am able to provide for them. As a member of the United Domestic Workers Union, I'm always there for her needs. I'm always on call and multiple times I must go in the middle of the night because I work a client who is (b)(6) years old and is completely blind, she really needs me to be with her always even though it's a 15-hour program. I am very satisfied with what UDW is doing for us the home care providers. Our Union has been vocal about a federal rule change is an attack on home care providers and recipients in general due to the fact that the rule change would be void if their providers do not act. I have been a caregiver for 12 years for my (b)(6) who it would be substantially more burdensome and costly for members. Payroll deduction is a labor relations issue, not a union issue. They can distribute them to take care of all of us workers. My (b)(6) needs me at home to take care of her. She is one of my elderly (b)(6) who has many medical conditions and she feels very comfortable with me. I've seen some of the terrible tactics to make one believe that being in a union is required. I discovered the union was having union

to pressure me into rejoining the union. Over the past few years I have been pressured into joining the union at the behest of politicians for things that were not in our best interests (2) Planned Parenthood who we all know about their abortion procedures, hours worked and wages earned. Parents and Family IPs who have their dependents living at home put in the

were not members. Please help that to stop.

needed the flexibility to make their own self directed care, hiring, and payment arrangements that best meet their needs. My son's condition on his body was, loss of both legs and his right hip. Also due to lack of blood (oxygen) to his brain he suffered stroke. I took my son to a training class that to be a IP provider (caregiver) for my (b)(6) it required joining the union. I was not happy with that. They have every ability to do so from their own free will. But the notion that family members, or other individual

Center for Public Policy.

you, have a good day. Sincerely, (b)(6)

Washington, DC 20004, MD 21244-8016
RE: Comments on proposed rule CMS-2413-P: Reassignment of Medicaid Provider Classification

ming.

benefiting the coffers of public sector unions. The goal of our Medicaid program should be to help those most vulner

Reassignment of Medicaid Provider Claims (CMS-2413-P)

The John K. MacIver Institute for Public Policy

theft.
It's time to remove this heinous regulation and government approved theft via union coercion, immediate critical personal services to our most vulnerable community members, I think of women, people of color, those with union dues to be deducted from Medicaid checks. If the proposed regulation takes effect, only deductions spec

give you massive support if you favor the President and his policies.

skimming has always been illegal. Medicaid has a narrowly defined purpose to help our countrys most vulnerable.

by a union, they are able to pay their dues directly.
In non-Right-to-Work states, such as California, the unic

s, though administrative action, can stop the deduction of union dues from Medicaid, Child Care and Developme
its comments regarding the rule. This action by the Department will deny workers, whose wages are already low
I'm tired of runaway spending that hurts all taxpayers. Do what's right!
support in this matter. Thank you

ars, home care workers who have suffered from notoriously low pay and few benefits have organized into union:

CMS-2413-P,
P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS-2413-P: Medicaid Progra

r the great service they provide.

urdensome and costly for members.
I choose to pay union dues in order to have the union advocating for m
e care providers. PLEASE repeal to regulations that have forced union dues on these providers.

urdensome and costly for members. I choose to pay union dues in order to have union advocating for me and I

Secretary Azar, As an Oregon State Senator, one of my most important duties is protecting methods would be substantially more burdensome and costly for members. I take care of my daughter Se

and clients all around. Homecare providers need the help of our unions to advocate for us because the social wo

rent methods would be difficult for those who don't have credit, debit or bank account. We voluntarily pay union to make ends meet. She took care of an elderly gentleman who didn't have anyone else to take care of him. She a union to bargain for wages, benefits and training. If adopted, this proposed rule would dramatically rewrite the

I am voluntarily paying dues for UDW support and guidance with any issues that may affect my (b)(6) life. I am e

ate for ourselves and our clients. I /we are the people who stand up for our clients and family members in need federal authorities that are in the pockets of the union bosses to be stopped ASAP. A concerned citizen

program and fight for better changes for the disabled in homcare, not take away. Please don't fix what's not broken. Business owner, and I don't belong to any union, but I believe in respecting workers' right to organize for better pa

icult and decide for me and for all workers instead of letting us decide!!!

SIGN NOW. We the People are fed up with your bank- robber tactics.

the Public Union to address. They must go to Congress to request tax payer dollars which effects all citizens.

g care to suffer.

d out.

t some of the lowest paid people. Competent IP are desperately needed and this would be a brutal blow to those
aris stop it all now not next year.
 ENTER YOUR COMMENT HERE
artisan in their donations and endorsement of candidates.

rogram; Reassignment of Medicaid Provider Claims.
early two decades. It's time to put a stop to it, and see the workers get that money for their own needs.

amacare
s are skimming!

rooked as the day is long. Just look at the fat cats running it

atch and group to not let them reduce pensions to 1179.
after thirty years service this is a crime to do to pe

ighter who needs care around the clock. I need to make sure her rights in the IHSS program and mine as her pro

would make me go through extra hoops. My life as a caregiver is already busy as is. I currently work with my client

t. It would be an unnecessary burden to have to visit an office for payment or to pay an agency to collect on my part just a little more than minimum wage to begin with! Needless to say, they are no longer in the healthcare industry

and my (b)(6) developed seizure disorder, behavior issues, like biting, kicking, hitting, and self injuries behaviors

heart. So, as with the Missouri Right to work law, we must take all possible steps to stop union bosses from filling the force already under a lot of financial and other pressures. Please leave the regulations as they are. Thank you.

the age of (b)(6) that left him non verbal and in a wheelchair . I am a U.S. Citizen who believes this is an attempt to

about other people's opinions regarding where the money I earn goes, let alone their attempt to create laws regarding

the paychecks will cause an unneeded hardship with all the new technological advances we have with paying for

my (b)(6) needs like IHSS, as well as continuing to fight for the dignity & respect of homecare providers like our deductions and our right pay our union dues is limiting our voices, our voting rights to protect those who cannot speak for themselves. CMS2413P
To Whom It May Concern, I am a proud union member. Home Health Care Workers

union member, and the union rep for my county, I have seen and taken part in what our union does for our members

services via payroll would be greatly compromised or eliminated. This would be catastrophic, tantamount to the breaking

providing quality high level of care to multiple recipients. As of recent, I am fortunate to provide that same level of care

y, and the disabled. This program helps our clients to receive the medical care they need within their home and c

helps because being a care giver is not a some times job it is a all the time job and it takes all of your time. So we
ime in this matter. I am praying for a breakthrough in all the mess of ACA/ crap care.
Blessings,

not these days.

heck to pay taxes. It is my choice to instruct the payroll department to deduct my union dues from my payched
ions accountable.

' because it violates my first amendement rights to contribute to my union. This is my money and if I want my un

: the same. I necessary Union cost don't help they hurt. In many ways a Union is a another form of government. ,

ording to the recent projections from the California Department of Social Services (CDSS) 545,000 recipients (cli

to do with serving providers or the care recipients.

Jennifer Lav
Senior Attorney
National Health Law Program</p>

3016
Baltimore, MD 21244-8016
RE: CMS-2413-P: Medicaid Program; Reassignment of Medicaid Provid

s on the part of union officials are against the law.

actice of "dues skimming."

ot union, nor do federal government employees NEED unions!!! So ridiculous!!! Just STOP!!

skimming from caregivers Medicaid payments.
Dues skimming was never intended to be allowed by law. A

nselves?

keep their government sanctioned racket up and running.

They plan to continue to steal money from h

n is a barrier to funding the organization that has done so much for these caregivers and their patients and it wo

Medicaid money. Our individual providers are trained and receive a state approved Home Care Aide certificate.

duals can have the choice and control to live the lives they want. Applied Self-Direction also maintains membersl

ervices (CAPA).

AR from Americas home care providers.
These bureaucrats and crooked union bosses are teaming up to kee

. Please stop this theft of workers wages.

majority of us. Please stop this!

IMING IMMEDIATELY!

ntil now I have not received any response from the representatives, and union dues have been deducted every n

involved to make it even more so

own the road. LEASE ENTER YOUR COMMENT HERE

s rights to control or direct their own property/paychecks.

-W With the expected significant increase in the

nts.

Simply put, caregivers should not be coerced into paying union dues just to care for their loved

healthcare providers.
In 2008, SEIU-backed Proposition B was passed to create the Missouri Quality Homecare

the Federal Register on July 12, 2018, which would repeal a current regulatory provision clarifying that states may

implemented by the Obama administration.

dismiss the people who provide the most personal type of care that allows them to stay at home with health care
nents for Medicaid homecare provider benefits, such as healthcare, or voluntary union dues. See attached letter
ately.

uld repeal a current regulatory provision clarifying that states may make deductions from provider payments for
pretation behind this rule-making that the existing rules are overly broad. As CMS admits that there is data to sup
ers rights to freedom of speech.
If the proposed rule fails, special-interest groups will continue to receive fun
n; Reassignment of Medicaid Provider Claims, CMS2413P

To Whom It May Concern,
My name is An
Reassignment of Medicaid Provider Claims, CMS2413P

To Whom It May Concern,

I am (b)(6)
neling, which represents both a tax and graft.

Reassignment of Medicaid Provider Claims, CMS2413P

To Whom It May Concern,

I have been i
ney that they paid into the government coffers!!
d Provider Claims, CMS2413P

To Whom It May Concern:

I have been a care provider for
ovider Claims, CMS2413P

To Whom It May Concern:
I am an In-Home Supportive Services worker.

regarding Medicaid Program: Reassignment of Medicaid Provider Claims. We agree with CMS that 42 C.F.R. 447
and my (b)(6) who is elderly and physical disabled.

Taking care of my (b)(6) is very cha
dicaid Provider Claims, CMS2413P

To Whom It May Concern,

My name is (b)(6) and Ive been

/ house. I worked for my (b)(6) for about 10 years and for 11 years I have worked for other clients.
Before I w
nions in 11 states are permitted to take a significant portion of a caregivers Medicaid payments as dues, deprivi

id pay together as a Union. Without it, they are at the will of their employer.

POTUS and undo all these left leaning decisions or we will be worse than The countries south of the border!!!!

ee choice, not coerced. Why should those who do not support a union be forced to do so against his or her will?

nd the unfair and confusing rules that trap home caregivers in unions especially in the State of California.
T
es".
Let's get real, your attention to proper spending allocations would be greatly appreciated.</p>

o paying our dues without providing any of the benefits our dues are paying for.

I seriously resent havin

ise thievery that is allowed to continue and carry on. Please stop the crooked and corrupt greedy hands taking th

turn all dollars where they belong.

Home healthcare providers in many states are being Forced to pay the unions for an association that many of th
hank you for your time.

t 13, 2018

We oppose proposed Regulation CMS-2413-P. The principle that government should not inte

tion dues skim from Medicaid beneficiary payments. Enacting this rule will end the unfair and confusing rules that

ing, this amounts to taking an average of \$409 per provider per year.
The dues skimming practice traps providers

to join.

Dear Mr. Secretary:

I support proposed rule #CMS-2413-P, to stop state governments from making pay
THE SWAMP of ALL the SWAMP RATS!

on skimming dues from healthcare worker pay checks!</p>

!!

who are already paid very little), worse (or potentially no) health insurance, and a decline in working conditions. He

a reason on spending time and money on going. Unions should be paying for training, not taking it out of the Medicare
that these Care Givers be protected from unfair debits to their already meager salaries! I strongly urge you to re

who need Medicaid to get by, and unions drive up the price of caregiving so no seniors can afford to take care of the
of the cost of my (b)(6) not working, they come nowhere close to replacing what she could be earning. It makes no

their way of life at that time.

- Period.

use of Medicaid!

be a tremendous burden to anyone in our situation.

eally cannot afford it and have no word in how that money will be spent.

d Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Ave.
Washington, D.C. 20201

Secretary Azar,

I represent House District 23 in Oregon and am writing in support of CMS proposal

unds and directing them away from health needs of those on the program to union coffers should end as soon as

give it the unions that it was never intended for.

we need workers.

c Party.
Yes, we do know what's going on and it's disheartening that under the guise of helping others, the fed

rest should be done away with.

br>As a former legal secretary and small business owner, I was shocked to find that DSHS of Washington State w

s not just normal procedure?

home Care providers.

individuals 1st Amendment right to association is violated!
 </p>

used rule.

Currently, over \$150 million each year is diverted from home health workers - those parents

interests, not the unions.

Attention: CMS-2413-P, P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS-2413-P: Medicaid I

But one of the worst allows wealthy union bosses to steal nearly 200 MILLION MEDICAID DOLLARS A YEAR for

d time that the taxpayers are paying them for and use this time in such ways as collecting union dues? Not only is

shape or form. It is unconstitutional.

Thank you for your attention to this matter.

My name is (b)(6) and I am a licensed family child care provider in St. Michael, Minnesota. I fought for 10

and the fact that they are employed by their clients, not the state. 27,000 PCAs, most of whom care for their own

adequate reason to change something that is working.

This proposal should not go forward.</p>

io are ill or disabled. The stealing needs to stop, and you are the one who needs to step up, you and all the elect

wages should not be attacked by money-grubbing corporations and an incompetent, illegitimate, and thuggish go

row and can only make suggestions to the young - namely, stay away from mandatory union jobs! They have spe

p union dues skimming.</p>

h integrity and repeal CMS-2413-P clearing the way to begin enforcing the law prohibiting states from diverting c

worst! America is better than that.

-American.

ons potential influence.

This is an anti-union measure.</p>

d benefits. Hands off. This is not what freedom is all about.

Boeing to join the union. After all "you don't have to participate, all they want is your money." Their intent coul

ver reach of Government intervention against our freedoms.

ers. HHS must put a stop to this union thievery and end dues skimming immediately!!!

n't like 'sharing the wealth', that I worked for and others didn't. Unions COST TOO MUCH and don't profit anyon

HERE

s should not be forced to pay union dues. If so then the requirement amounts to a financial burden on the care

When SEIU775 was able to take 3.2% out of every pay check, it was a huge burden in our single family income h

retirees.

Many are also apart of the Service Employees International Union (SEIU). Many noticed that their Union dues wei

am writing in support of the proposed rulemaking (NPRM) by the Centers for Medicare & Medicaid Service

es necesarios para la calidad de vida del paciente. Mientras el gobierno
y, desde luego, el Comisionado de Se

idely know that in the island, that the majority of the assigned funds of Medicare end up the pockets if the insurance for their work. This need to be fixed.
s to us.

icare cada ao. Actualmente la aseguradoras por los pasados 3 aos se han negado a pasarle en tarifa al proveedor
st be clearly allowed under the law. This payment will ensure the provider can maintain top quality equipment

of services.
Money thrown to administrative corporations
or companies that do not comply with laws, n
lot of US citizens are suffering. As a
physician anesthesiologist, I worked in PR in very difficult conditions, a l
n and clear guidelines to control the margin of gain, and defend the best care because the money its available in

utism (b)(6) How dare you make it harder for persons giving care for disabled or elderly people. You don't car
ties. That have been a bandage on me getting a full time job. As it has been extremely hard for me to find someo

kers in our county than most states so the impact is huge.
Additionally, it is already very difficult to find and
. Home care unions not only advocate for fair wages and benefits for caregivers, but to protect home care progr
I dont know why a government body would care one way or the other. They have no problem deducing other it
lace and permit automatic dues check-off of home care workers whose work is reimbursed by Medicaid.

ly members. This is a "pseudo union" because the union pocketing the money is not bargaining with an employe
ould only be the tip of the ice berg for (THIS COUNTY OF KERN) I mean I have lived here all my life and what I ha

re writing in opposition to proposal # CMS-2413-P, because it is not only an overstep but an attack on home care

therwise require expensive professional care or institutionalization.

Organizing family caregivers (as wi

ight for those "employees" if the State stops paying the caretaker? When can these employees retire with the b

ages, benefits and training. If adopted, this proposed rule would dramatically rewrite the current Medicaid statut
able to afford any type of health insurance policy that remotely resembles the coverage I have now. This could
these caregivers.

s regulation could lead to the abuse of home health workers without strong unions available to defend them. W
tions are the primary causes of crisis-level shortages of home care workers and endemically high turnover rates ;
e of their family members and are often working in situations where they are financially struggling. The money

ovider Claims

Dear Secretary Azar:

As organizations representing a variety of stakeholders wit

of physicians from PR is due to abuses by the Medicare Advantage Plans often time in conjunction with IPAs that oftentimes, fraudulently.
As stated in Section B Overall Impact:
We lack information with which to quar
luctions for homecare workers.
The Alameda Alliance for Health (the Alliance) is a public, not-for-profit mana

(b)(6)

ies, Concerts costing millions of dollars that are supposed to be used for beneficiaries needs.
Also they are u
e newly proposed rule. There is no data to support the assertion that Medicaid funds are being improperly used
es are absolutely critical for those whose needs are not best served by institutionalization or cannot afford to pa
y Himes</p>

join a union and have dues automatically transferred from their paychecks. Stop and scrap this rule proposal. It i

ake this rule change.
</p>

an hour. Prior to unionization, they had no health insurance, no workers compensation, no standard rules on the
practice for proposed federal rule changes is to allow for a 60-day open comment period before the proposal ca

apt to undermine Home Health Care workers' ability to join a union and enjoy its benefits. It is rank opportunism
right to join unions.

According to experts on the home health care industry, "home care is one of the fa

s and their chosen representative.

s. This proposed rule change through CMS effectively strips workers of the right to join and support a union.

ity as Director of Government Accountability at the Show-Me Institute, a think tank that focuses on free market
source of service revenue, AFSCME requests that the Department of Health and Human Services (HHS)/CMS exte
o assist their clients and family members in need. They often worked or came from a place of "caring too much"

health and dental care for caregivers by prohibiting them from deducting their insurance premiums from their pa

ges and conditions, and this in turn will over time further reduce the real wages and working conditions of care

employers, including seniors and people with disabilities who employ home attendants. Most of our members who
ired to arrange for those IPs who want to belong to the union to pay directly to SEIU. More work for SEIU and l
be able to decide how and where its spent!

to be in and benefit from unions. CMS singles out union dues as its only example of a practice that would be affe
ective bargaining organization. This is a sneaky way to do this. What is the matter with everyone these days? Are

spite submission of medical records and every evidence to support such payments.
In addition, their advertise

s required and they take the union dues directly out of
 the providers paychecks. We have been informed th

ns.
 It is abundantly clear that both the intent and consequence of this new rule is to weaken unions, thus di
ade toward those ends. It seems to be a veiled attempt, indeed, to deny the right of these workers to form unic
remely low wages while they provide essential services in caring for the nation's elderly. As more Americans are i
t Medicaid funds are being improperly used by states or diverted from the Medicaid system to pay home-care w
ts policies like partial birth abortion, etc..

These leftist fake union practices are pure evil and textbook e
ates Medicaid adopted a regulation that allowed states to deduct money from caregivers wages for benefits cus
month on my pay checks....I would like to get that money back as I feel the union has never ever done anything f
ally transferred, it goes to a voice mail and my calls are never returned.
I cannot ethically and morally suppo

and confusing rules that trap home caregivers in unions.
At the heart of the issue is the fact that caregivers

defined purpose to protect our countrys most vulnerable citizens. Home caregivers have a unique employment
g in this industry.

eded clarifications to the Provider Payment Reassignment, and Home and Community-Based Setting Requireme

yers and care providers that these resources will be used to help provide an essential health care safety net for t

ituation where ruling about joining has been changed. The SEIU argued strongly by mail with their suggested cho
te to reassign portions of a providers payment to third parties for benefits such as health insurance skills training

be a part of a Union, I want to CHOOSE to pay for my membership.

Presently the system in WA state al
ing make it clear that workers, especially those at lower occupational levels, do not get enough training, and tha

to stay home to care for her is vital. For me, this represents about \$600 a year. For others, it can be well over \$:
racting with a private entity or some outside source to provide these services, thereby taking the State out of th
moment unions are not skimming money from Medicaid funds intended for home health care providers in Wisc
address the home and community-based workforce crisis.
See attached file(s)</p>

es International Unions (SEIU) representation and dues skimming from Minnesota PCAs since 2014. I also earlier
d protects resources for the truly needy.
Through home- and community-based services waivers, countless
'd party deductions for their mutual benefit.
This will further erode the work and pay of home care workers

ients stranded.

difficult and necessary work caring for the ill and elderly.It is, quite simply, an attack on home care workers and

ing services) should be disallowed.
Unions sometimes claim to provide training that was not requested. The easy deductions are important to her. Without the program and the union our lives would be so much more difficult. I had to sign a paper stating that I no longer wanted to pay dues or belong to the union. I have yet to receive any reimbursement. Thank you for reading.

do about it. Also I was dismayed when they used funds for political purposes. I thoroughly support CMS-2413-P. The program and administration costs, siphons away millions of Medicaid dollars designated specifically for healthcare. CMS

or the proposed rule CMS-2413-P. This proposed rule would eliminate a 2014 CMS regulation that allows states to opt out if it is met. If the orientation is completed within 2 months of the 6 month notice, any orientation sanctions are reduced but was given no option until federal courts intervened in Harris v. Quinn. Thanks to the courts for restoring the law. Now how challenging it is to do the kinds of tasks they provide to people who are dying.

Please improve

'5 in each and every attempt to obtain representation. Their attitude was best characterized as "We don't care, if we want to provide care for our children, we must meet with the union.
In my experience I find the SEIU'

they bargained for healthcare and pay increases which was good but they didn't stop there. Their aggressive bargaining led to the Oregon State retiree pension.
(b)(6)</p>

could we not have health care for all people!
(b)(6)

</p>

crements.
The evidence is prosperity of Right to Work states. Time to halt the extortion.

hat union dues would be automatically withdrawn from our paychecks even if we did not sign the membership f

ocate for higher wages, basic benefits like paid sick time and healthcare coverage, and training to provide the hig

to advocate for higher wages, basic benefits like paid sick time and healthcare coverage, and training to provide

n injustice for us the medical doctors that the Advantage programs in Puerto Rico are offering us providers Medi
Centers for Medicare & Medicaid Services (CMS) to remove a recently added regulatory exemption, found
e of Washington. We deserve every possible benefit, holiday, and pay raise and the clients deserve quality care f
he best common interests of the nation to reverse health-related institutionalization, provide more personal car
icaid provider. The 2014 regulation was a later addition to cover over unlawful activities going back for I do not
riting in support of the proposed rule, and to ask that you end a practice that affects the integrity of both federa
t home care workers and their choice to be union members and strongly oppose proposal #CMS-2413-P.
 <t
estigate an issue that affects the integrity of Medicaid and the well-being of disabled Americans counting on a M

It brings pride to me to know that my union is fighting for my rights for a livable wage and benefits.
I oppose
CMS-2413-P.

ey care for us and our fighting each time for us to be better and be able to give the best care to our clients.

ion member in 2007. Since 2007 I have achieved raises to surpass \$16 an hour. As of 2016 I have a retirement fu
ermitted by the statute.
Citizens of America paid into having this safety net when needed.

taxes and shopping locally. The costs of institutions is not benefiting any
of our nation's People, States, Cou

o and stop this crooked Obama-era regulation.

NY union.

providers.

who are taking care of the sick and elderly.
Unfortunately, there is a governmental regulation in force that ac

the dues. Out of our checks. Not to mention excessive emails suggesting to take at least 400 more clients. In ord

I received a letter saying that must wait till Oct. to sent a request.
I strongly support proposal number CMS
:/p>

n on this matter.

» them to stop dues skimming immediately. You know those funds belong with 'Social Security for seniors who p

their services, anyhow, and to have some of that meager pay taken away on behalf of distant unions that supp

istance and help the most. Every dollar
of Medicaid funds that state government diverts to unions is one less
I help,them with thierf issues.
Thank you
 (b)(6)

stration.

DEMOCRATS!!!!

⋮ THEM A BREAK & KEEP YOUR STICKY FINGERS AWAY, YOU SHOULD BE HELD AS SHAMEFUL!!!!

e, STOP them.
Thank You & God Bless You.

should this practice be stopped, it should be made illegal. what a shame!

stop. Im asking the Department of Health and Human Services to stand with President Trump and stop this croo

ED care workers. Please make it easier for those who want to do that work to be compensated appropriately. TI

DO YOUR JOBS. REPRESENT THE HARD WORKING PEOPLE, NOT THE BIG MONEY UNION BOSSES!!!!

era regulation.

I. UNION BOSSES ARE LIKE GANGSTERS. IT IS TIME TO STOP THEM COLD.

job without the union - she should never have gotten the job!!!!L

is should go for the benefit of those in need, not the unions who skim money from those who require it. Although

an office unconnected to the work they do on a daily basis wanting to insert themselves, all while putting their ha

states that recognize these unions as beneficial. These are workers who already struggle with burnout, a lack of s

10 caregivers we employ, in addition to other home care workers the proposed rule covers, are covered by a Taft

id Washington) that permits state governments to collude with unions to withhold dues from Medicaid stipend (been based on CMS fee schedule revised annually.Private Insurance Companies and PR Department of Health are n makes it virtually impossible, and also is unable to provide any proof of membership application. We have a ha

tive presented it in such a way that no one had any choice whether or not they were going to pay union dues. I

ductions from their paychecks. I think this is particularly essential for home care workers and the unions working
physicians receive a just remuneration for their work. We were who went to medical school and have the medic
ins for their stake holders. This is done at the expense of patient benefits and physician reimbursements. I was n

ie Provider...not CMS. The Federal Government and CMS have no legitimate governmental function or authority
. No!

insurance, skills training, and other benefits customary for employees.
Our comment uses as an example a
m the people who are taking care of the sick and elderly. Obama enacted this regulation.

In fact, they s

st</p>

s and who may want to spend that money on priorities not agreed to.

yment. They are not generally our "wealthy 1%", and in fact struggle to make ends meet.

It is immoral t
hey are not giving provider numbers to new physicians or make them sign contracts with 15-20% discounts in rei

· numerous reasons including the following:

 Dues skimming takes limited resources from the vulnera

ge you to put a stop to dues-skimming of Government Caretakers.

meet. A lot of times the ends still dont meet!</p>

cal behavior in WDC. This should be a step in the right direction.
Thank you for your time..</p>

Amos 8:15). Thank you very much, (b)(6)

minimum wage earners from the being bullies that are stealing what the law clear states is not theirs to take.

o have to force you to buy... But things you don't want ARE Forced upon you. What's wrong with CHOICE...</p>

aron el contrato que tenia
con ellas. Nunca me pudieron dar una razn justificada el por que de la cancelacin.

ment of Medicaid Provider Claims

Dear Ms. Verma:

I am writing in response to the July 10, 2018 letter regarding the termination of Medicaid Provider Claims

the benefits I have.
Don't let Trump's Administration have their way and take away everything the Caregiver's
also undermine the well being of the people they care for.

to the scene in time if a resident needs to be taken to the ER - or if he or she needs to be laid to rest.</p>

and those receiving home health care. It will increase Medicare, Medicaid and health care costs in general at an f

s changed thanks to funds approved to Puerto Rico with a current 2018 fee schedule that has a mean increase o

this latest attempt by the Trump administration aims to weaken our power as union members. This is personal t
ng to the union a few times, but got no explanation. I sent them a resignation letter, re-informing them that I ch
omatic deduction of my news when I first became employed in my union bargaining unit. Every home care or M

my brother and I do not see any benefit to having the union in this program. In fact, I believe that they are a hindrance. Because of the delay her medicaid coverage is costing more than the in-home care. It is not a good situation for their integrity.
Every person in this country who does any kind of work that is useful in any capacity deserves their care because of on-the-job injuries, increased staff turnover, and a general lowering of staff and patient respect through their paychecks. STOP THIS CRUEL NONSENSE NOW and find your conscience - support caregivers AND their families.

Medicaid funds to unions for so called "training" of personal care assistants. I attended an 8 hour training session that was mostly promoted as "helping" caregivers tells us what we need to know.

Please abandon this back-door

as a union member and receive no union benefits.

of a providers Medicaid payment to third parties for benefits, such as health insurance, skills training, and other

workers. I am opposed to this move!

do not think the English would take me back. Therefore, I demand that Native Americans are given reparations for all the years the deduction of funds from caregivers to pay for benefits customary to employees. The regulation exceeds what is fair minded officials. Don't Do This.

employment, and of course will then diminish the continuity and quality of care for all the elderly and disabled persons in the community.

and is completely unnecessary. </p>
<p>The Democrats aim to TAKE IT ALL! Why can't the greedy GOP and the right-to-work-for-less crowd understand that maybe

to fix that."

as much as 41% over the next 8 years.
Workers have a choice to join the union, they have chosen to pay union dues. Deductions for payroll taxes, other obligations and retirement savings are already occurring. Those funds are cut for protection, I can not be forced to pay union dues and be subjected to strong arm deceitful union and state politicians.

ter they have refused to pay for these 20% services by unclear reason. These patient are indigent and they don't
f unions and ultimately hurt the workers themselves.

marily through Medicaid, Medicare Advantage, and Medicare Prescription Drug Plans, to approximately 4.4 milli
ldren. I had to work long hours and multiple jobs. This effected everyone involved, clients, my family, and my chi

much higher in nursing homes, etc.

Providing a living wage for caretakers is fair and helps insure that tl
ts.

of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) proposed rule o
instead of having them withheld from them.

ducted from workers' pay; at that point, they are no longer government dollars. Workers should have the right t

a well established, fundamental, and fair process for workers to support their unions and allows unionized worke
ventory of this concern thru comments made on our state and federal tax returns. Big data collection of taxpaye

on these Medicaid (DSHS) payments to live.
In Washington state SEIU 775 purports to represent the best in

y spend on their political agenda.
CMS-2413-P will hopefully require Washington State DSHS to pay providei

eserve and need. Joining together to form a union has been the key element allowing them to continue providir

zed care for the disabled and elderly, such as nursing home care, care which costs the taxpayers much more mo

pen for business in New York State without regulation hanging over them. How nice!

What w

ives these workers a much needed voice for fair wages and working conditions, leading to higher retention and i
caregivers as they stand with us and our loved ones.

Agency is responding to the proposed rule change by the Centers Medicare and Medicaid Services published July

I be prohibited under the proposed rule. DAIL anticipates that the elimination of the (g)(4) exception would have
at the SEIU was the union that was supposedly representing them, and even more had no idea that the union was

ability to have the sick and family leave pay is most important but it's also important to be able to have union due
or our children worse and ultimately cost more in the long run. Unions made the middle class what it once was.
re their complete payment. This payment will ensure the provider can maintain top quality equipment and servi

I greatly appreciated your recent address at the American Legislative Exchange Councils meeting in New Orleans

ny side would have been welcome. Too many times do employers take advantage of workers. Workers need rep
) \$19.08 from my one paycheck automatically! Meanwhile, I only got \$1,054.80 for my taxable wages, they took

suffers already today of homecare workers who allow seniors and the disabled to remain in their homes.
 <

(b)(6)

ed home care services and increasing the cost to states and CMS of the provision of long term care.
s, this new rule change threatens a workers right to health coverage and their choice to be a union member, and
: to health coverage and their choice to be a union member.

This proposed rule affects paycl
nd hinder the unions ability to fight for home care. Home care unions not only advocate for fair wages and bene

ple. Don't create extra hardship for them. I strongly oppose proposal #CMS-2413-P.

So many seniors and people with disabilities rely on for survival and quality-of-life.

s, this new rule change threatens a workers right to health coverage and their choice to be a union member, and

>

an hour. Prior to unionization, they had no health insurance, no workers compensation, no standard rules on the negotiating operations, but for blatantly partisan political operations. Worse, because those political operations are the care provider for my son. On page 37 of my Employment Reference Guide which I was given at that time, stated

ation of over 120,000 people in home health care programs that represents some of our states most vulnerable and vulnerable adults. If a union or third party requires any payment from our employees, they should be the only way workers in our country get any representation. Trump wants to destroy them all because he is an employer. We have repeatedly investigated and reported on the practice at issue in this proposed rule. CRC submits this information and benefits they deserve.

Allow our disabled, seniors and their care takers the dignity and benefits that

rights as guaranteed under the Constitution. By not allowing members to pay union dues or health insurance automatically

on.

and hinders the unions ability to fight for home care.

This proposed rule affects paychecks for the union to collect the 10,000 signatures required to file for a decertification election. Throughout the course of the campaign

member of a union. I ask that you please investigate this on behalf of myself and others who are victims of the union to resend my membership. They sent a form and I signed it and mailed it back to them. They claimed I was not part of the union. I believe the union misrepresents itself. Please help me and others to get our money back

from being taken out of my checks. I called the union many times telling them that what they did was illegal and I don't know why this was happening since I distinctly know I NEVER signed up to be in the union. I never signed anything. I had signed up for the union, which I most certainly did not! I found out that my signature had been forged and taken out of my benefit check without my approval. I was told that they would only take \$20 out of each check, but instead, they give me the runaround or they just don't return my calls regarding my concerns. And their political views are the final rule should clearly prohibit Medicaid funds from being diverted to unions and their affiliates. Thank you for finding the union. However, soon after this dues were being deducted from my paychecks. I made many calls to find out why I had signed up to be a part of this union. It is my understanding that this union is voluntary and I never signed anything to join. I then discovered that I was having a huge percentage of my pay deducted for their union dues. I am

>The SEIU union has been taking money of my pay for union dues which I have never authorized. I contacted them and they said I had signed up for a union, I don't want to be a part of it and I never signed up; however, money has been taken out of my paycheck

and any forms to be a part of the union. They said I had signed and they had a signed card to prove it. The signature on

a union involved with the program in Minnesota but it was my understanding that joining and having dues deduc

g from them. Please stop them from taking peoples money!

· </p>

· union dues? The dues benefit only the union coffers.

onomy and their regional impact continues to grow.

Today, I am asking you to reconsider the changes

le aggressively tried to sell me on rejoining saying they do represent Republicans and other political leanings. I w
things. It may not seem like of money each month, but it is to a one income household. I would like to have the

!E", the U.S.Goverment MUST get INVOLVED!!!!!!!!!! </p>

d not be in the business of collecting union dues for unions. Unions can collect their own dues.
3. Providers, '

atorial communist regime in Laos that forced its will on an unwilling population. Before escaping from Laos in 19

rnia 95482</p>

back for that... and then never did.
If the unions are so awesome for providers, those who wish to support t
game of making it easy for deductions to start, but requiring the care providers to then only be able to escape th
pay raises and other things. I feel they are a disorganized joke. Then when i decided to opt out of the union i had
aregiver will join a union if union membership is of value. Payment of dues can then be worked out between th

month. I vehemently protest any passage of CMS-2413-P.

ied of this choice otherwise. Also dues are automatically deducted from our pay even though we are not memb

rthing concerning a Union. Without asking, SEIU 775 took union dues from me for years anyway, leading me to b

of her and my blind (b)(6) We have been able to provide a clean, restful and dignified residence and caregiving, th

on behalf of Republican politicians, then allowing health care workers to have some of their pay go to a union, a

You must put a stop to this immediately.
Thank you

e I'm unable to handle paying my own union dues? With computers, its quite easy. Union workers at Hanford do
BILLS. In fact, the heat had to be turned down so low that the temperature in the house was frequently in the 50
to IPONE, the union mislead me into believing that the form they sent me to file for an exemption to having hou
uring my nursing career, I encountered nursing assistants and home health care workers who worked 80 plus ho
IPOne are created by the SEIU Welfare Trust, they subtracted 10,000 hours from my pay scale, for example .50 I

d attempt to do a round-about to avoid the Janus decision. Info below.

ion. I do not support the presence of this union in this PCA Choice program in Minnesota and I never have. In th
presence in this program. In fact, they have just made things more complicated. I just want the union to leave P

I to be a part of. I work 59 hours a month and what little I make I need to pay bills and take care of my family, no

e to pay a union for permission to work? I am a caregiver to my disabled (b)(6) who has lived with us sinc
own wages both through the payroll deduction process and for the purpose of paying our dues.

It seen
y clinet, but he was my friend. Being with him was like being home away from home. He was one of my good on

olitical landscape who have much more important tasks.

 I think it would be a hardship to the worker to
renal deficiency and macular edema due to her diabetes. Since her first fall my mother has survived 3 other life
sier to have automatic payments, this rule is not the best decision to be implemented. I know for sure that this pr

is to offer better benefits for their members and increase the caregiver's desire to join the unions.
other, less essential, workers expect as a matter of course.

You and I both know that the only
payback" have been made regarding this arrangement as states that are led by union-backed politicians are the
onomically marginal themselves, struggling to balance multiple jobs on the Medicaid's extremely low pay. They c

overall happiness and welfare.
A caregiver would never be able to provide the total care and nursing I do for
way with this. For too long. Not to mention excessive phone calls and emails. Including weekends. With their br

his dues skim was so blatant and worse because it was sponsored by the State governments in the ten states th
ider Claims (Docket ID: CMS-2018-0090-0001)

To Center for Medicaid Services Administrator Seema Ve
or me is my brother. The only advocacy group that has been there for him is his homecare union. This proposal c
osal CMS-2413-P will negatively impact my quality in life is this proposal is passed. My (b)(6) has been a caregiver f
lready rendered. Workers should be able to decide how those wages are spent.
I have been a home care pro
iber, by removing automatic deductions, it will be another other thing I have to remember to do and this is some

ould be able to decide how those wages are spent.
I've been doing homecare work for 12 years. I started bec
ob to be able to take care of a family member to insure the best quality of care.I've been an active union membe
Workers Union (UDW) I feel like I have a back-up for any and every type of help that I might need.
Honestly
of her needs. Throughout time I have been getting sick as well and good thing that us as workers have a great me
h I dont get paid for most of my time. Ive been through a lot of things during this time such as having no benefit
luntary since the time I joined, and they do not charge anything more than my dues with no hidden fees and for
age would make it even harder for us to come together in a union and fight for our rights and benefits. Furtherm
s (b)(6) f age. He has dementia and is bedridden. I watch him 24 hours 7 days a week. If the union is taken from us
ot a Medicaid issue. I love taking care of my grandma. But if we get more cuts I won't be able to live a life where
is a person whom needs 24/7 care. She's in a wheelchair and can't not do anything for herself. The union has wc
able under may care.
My mother suffers from dementia, osteoporosis lack of mobility due to the age and th
dues withheld from my paycheck when I was a non-member. I had to jump through a lot of hoops to get that re

: every class I've taken...even the online classes. I've been sent unsolicited mail by SEIU and even when I call thei
ions (Killing Babies and selling their body parts) which is totally against MY Faith and Religion. Just what percent
most hours, are not paid for a great number of hours we work caring for our loved ones yet carry the burden of

needs.

rokes in the sight part of brain and brain stem and spinal cord. Leaving him unable to move, talk, and the body u
n this, but saw no choice!
In 2016, I became aware that a U.S. Supreme Court decision, Harris v. Quinn, 134 S
ls who provide these critical services on an individual basis, can be be compelled to turn over critical taxpayer-fu

claims

Dear Administrator Verma:

I write to express my strong concerns about the above-refer

able, and every single cent that siphoned off from this program to line the pockets of union bosses is nothing m

strongly supports the proposal to remove the regulatory exception at 447.10(g)(4) to prohibit personal care and

diately.</p>

unlikely to have access to higher education, who are probably earning poverty wages, are likely to have precari

ifically allowed by law, such as court-ordered wage garnishments or child support payments, will be permissible

Redirecting these funds to unions that aren't directly helping program recipients should be prohibited to mainta

onization of home health care workers, many of them close family members of those for whom they are caring, i

ent Fund, and Temporary Assistance for Needy Families fund payments.
Please take action to stop this dues
, and whose jobs are difficult and demanding, easy access to training and benefits and make those workers pay r

s. Since doing so, they have seen steady wage increase and significant gains in benefits, particularly in Washingtc

m; Reassignment of Medicaid Provider Claims

Dear Ms. Verma:

The purpose of this letter is to

e. I provide care of two grandchildren. Who need to have full supervision. Because of their disabilities they depe

care of my two sons. My son's need supervision hours. For their disabilities. My two sons need all time and supe

g the interests of the people I represent. That is why I am writing in support of the Center for Medicaid Services
elena Meda, who cannot be alone.

 Laura Meda
 </p>

orkers cannot do what the union can. I have had more results over complaints of low work hours for helpless clie

n dues. Unions fight for fair wages and benefits for us caregivers and to protect homecare programs like IHSS. I b
e gave him dignity and allowed him to live in his own home. My grandma was able to get health care to supplen
e current Medicaid statute and would disallow longstanding practices adopted by many states for the benefit of

enrolled in IHSS so that my son can be properly cared for by me, therefore we need a union like UDW to ensure I

when they try to cut the in Home Supportive Services program (IHSS). Keeping our voices from being heard puts
1.</p>

en. Our focus should be on other areas as we need more affordable housing and better wages in IHSS. Also we
ay and better working conditions. It's hard to imagine an area where this is more of an issue than home healthca

>
 Regards;
 Philip and Paul Babish</p>

se few who are still providing hands-on caregiving.</p>

people

vider are protected. I have been providing this care to her entire life but thru the IHSS program for 7 years, since

ts for over 100 hours per month. This would make it harder for me to pay dues to the union I voluntarily joined.

behalf. My payment is voluntary and it does not cause a hardship. I am asking you to consider my rights as a citizen.
It angers ME when any union contributes money to a political party which maybe only half the people re

to self and others. I don't have the time to sit down and pay my dues, outside of the current system. I strongly o

ing their pockets at the expense of the people and the people's Medicare.

silence those , whose voice cannot be heard. Respectfully, Della Perales 318 Lelah Ave. Modesto ,CA.
</p>

arding something that does not concern them.
</p>

things that are important like our bills this should be as simple also. I rely on my Union for help with things my g

me.
</p>

not protect themselves will kill and destroy their welfare and their well-being. It's part of my community to help i

Workers are the most important person to a family and the patient. Home care workers allow patients to live at

s and all IHSS workers. In Home Support Services is an invaluable program to our (yours and my) community. The

ing of unions, UDW and unions across the nation. IHSS providers already have time consuming tasks and responsi

care to my parents who are aging and whose health has declined to the point that they now require full time, hig

or community without being forced to receive care in an institutional setting. I became a homecare worker to ta
really like for our dues to be deducted directly from our check.
 </p>

k and I don't want anyone to stop my ability to pay directly from my paycheck. So as a hard working , tax paying
ion dues and other deductions from my check, then I make the decision. My question is why is this decisior
A for your dollar means for your people and freedom is what it's all about. Thanks for your consideration
ents) will utilize IHSS services between now and next year. CDSS projections also state that IHSS services will be c

er Claims
Dear Ms. Verma:
We write to express deep concern regarding the recent notice of proposed r

According to section 42 U.S. Code 1396a(a)(32), payments must be made directly and in full to Medicaid provider

and working home care providers.

 It is time to stop this union thievery and end dues skimming immediately

and should serve neither. The only purpose to this effort appears to be politics. Unions used to endorse more Republican

That training is provided in part by the union in cooperation with our Dept of Soc and Health Service, who manipulate offerings for Financial Management Services (FMS) entities in self-direction, state administrators who oversee

and their government sanctioned racket up and running. These are my tax dollars being squandered on everything

month from my pay check without my permission.

 I agree that taking the state out of the business of care

e need for home healthcare workers, retaining these caregivers is paramount and restricting or impeding their at

d one.

States that believe in helping their vulnerable citizens should be able to protect the integrit

are Council. Tucked away in the Councils governance language was a provision that designated care providers as

ay make deductions from provider payments for costs such as health care and skills training without violating th

nd safety. Largely because of its program of self direction, Washington state's long-term care system ranks first

r.

costs such as health care and skills training without violating the Medicaid prohibition on reassignment of provi

port the assertion that Medicaid funds are being improperly directed to pay for home care workers unions. The

ds directly from the government on behalf of a select group of providers, without the explicit consent of taxpaye

narylles Groce and I have been part of the In-Home Support Services (IHSS) program for over 11 years. I was wor
Pullen and I became an In-Home Support Services (IHSS) caregiver in 2016 for my sister and then my mother. My

a provider since 1984. I have five consumers. One consumer is physically disabled and four others are mentally c

three-and-a-half years. I currently have two consumers that I care for. My mother, who is 85 years old, has cong

I have no specific clients right now, I am more of a back-up when someone needs me to work for them. I float at

.10(g)(4) exceeds CMS's regulatory authority, and that states' practices of withholding union dues from provider

illenging because my brother has Polydipsia, which causes him to drink excessively, and my mother is a fall risk. T
i a caregiver for my father for 9 years. He suffers from dementia, mentally and is physically disabled. I take him to

vas in IHSS, I was a college graduate and was tutoring 5th and 6th graders. I never imagined Id become my mom's

ng needy individuals of vital resources. In 2017 alone, an estimated \$150 million in Medicaid funds was diverted

UNITE or leave!!!

' They shouldn't.

2. The Supreme Court's decision in Janus v. AFSCME makes forced contributions to unions. The main unions organizing California caregivers are SEIU 2015 and the United Domestic Workers (UDW) which is taking my money confiscated in this fashion. I've been paying my union dues voluntarily for about 15 years because

these funds from health care workers! It is your responsibility to bring this to light and clean it up! I trust you will

them do NOT choose.
I urge you to follow the first amendment of the constitution and allow the individual to

interfere with a worker's choice whether or not to join a union has been well established for decades. In the Supreme

at trap home caregivers in unions. Medicaid has a narrowly defined purpose to protect our country's most vulnerable

providers caring for the most vulnerable into paying union dues. Although the voluntariness of assignment of Medicaid

payments to third parties on behalf of individual providers. A related issue came before our state Senate in

some care will continue to expand in the future. Those who work in the industry must be paid a living wage and paid

Medicaid account to pay for training.

Rectify this heinous practice! Thank you for your attention to this matter! Sincerely yours, Eleanor Clark

themselves or their loved ones. Please help this overlooked problem for our seniors. Their tragedies have been ignored. It makes no sense to us that a union would get to take some of the Medicaid money designated for the care of our seniors who

01
Re: Comments on Proposed Rule: Reassignment of Medicaid Provider Claims CMS-2413-P

number CMS-2413-P.
During my time representing the people of Oregon, I have been greatly concerned
as possible. If we truly believe in health care reform, and that tax dollars for health care should go toward health

lateral government is helping one party to pay its debts.
This effort may be futile, but you are being exposed

was sharing my personal information with a 3rd party, and allowing unauthorized sums to be withdrawn from my

; sons and daughters caring for loved ones - to pay for unionization efforts. Every dollar matters when it comes t

Program; Reassignment of Medicaid Provider Claims

Dear Ms. Verma:

Big Sky 55+, is writing to
om Americas home care providers.</p>

; NOT appropriate, it is in fact appalling. Then, to find out that union employees are now collecting Medicaid funi

years against the forced unionization of our homes and small businesses by AFSCME and SEIU. I oppose any use

family members, now face mandatory trainings (aka marketing) by SEIU and many have dues taken out of their l

ted, and stop this plunder.

overnment. This is a stupid rule that should be denied and put back under the rock from which it came.

ecial legal groups designing ways to get your dues for their personal use only!

caregivers Medicaid payments to third-parties like unions.
As senior citizens caring for our disabled son, we

dn't be any clearer.</p>

e except Unions. They also support the political party that I don't. WE DON'T NEED UNIONS!

giver and those they care for.

ome. Last year after pushing through the deception and flat out lies from the union, I opted out. I NEVER was a r

re taken directly out of their pay, as seen on their paycheck. However, I noticed and they commented that many

s (CMS) to remove a recently added regulatory exemption, found at 42 CFR 447.10(g)(4), to the direct payment

seguros miren hacia el otro lado, esta situacin jams terminar.

ances affecting the patients and health providers.
They are still paying us with 2016 scale, which is the lowe

r y actualmente nos hemos visto forzados a ofrecer el servicio a nuestros pacientes y recibir pago por tarifas del
and service agreements providing the patient with the quality of care they are entitled to. Funds not regulated i

night
drain completely the support for patients.</p>

ot of stress, too many nights on call, very little free time. I can deal with all that as long as I can pay my bills. Whe
i the most expensive health system in the world. that money to the patient manage and providers professionals

re because you do not have to do what us caretakers do. Hope you have to answer to God on judgement day.<b
one to provide services for my son and do the things I do for minimum wage. From changing diapers, helping with

I retain home care workers but eliminating the ability to pay for health, dental and vision coverage for these wor
ams like IHSS.

By allowing members to pay dues on their own, this new rule change would a
ems from pay checks that the government deems important. As the wage earner here, I have the right to choos

r of home health care providers, but with the compliant state legislature, to increase Medicaid reimbursements
we seen and or been told and lived through is such crap I
would like some one in your department to contact

e in this country, and the seniors and people with disabilities the workers serve.

We support l

ith any group of workers) creates a steady revenue stream from collecting membership dues and other fees. Goi

enefits fought for by the unions.

te and would disallow longstanding practices adopted by many states for the benefit of independent provider hc
be devastating if my health deteriorates. It is one thing to exercise one's choice to opt out of third party/union d

hile it is true that not all workers may wish to be members of a union, the work done by unions affects all employ
across the industry. Home care workers uniome consistently fight to improve these conditions, working collabo
that is taken out in union dues could be used to provide for more care. Families dont want to be forced to pay i

h an interest in, and concern about, Medicaid policy, we write to respectfully request that the Department of He

at they essentially control . They write their own rules, change them according to their convenience and thus fail to quantify the potential impacts of this policy on these types of payments as the Department does not formally track the impact of the home care health plan committed to making high quality health care services accessible and affordable to lower-income populations.

Since 2016 tariffs refusing to pay the MD providers with the money you are sending them. This has been going on for years by states or diverted from the Medicaid system to pay home care worker unions. CMS 2413-P would only exacerbate the problem for it. It is already far too hard to find good home care workers and CMS 2413-P would only exacerbate the problem. This is an improper use of regulation to attack workers' right to collectively bargain.

no job, no paid sick leave. Unionization has reduced turnover and improved the care relation and the reliability of care can be implemented. CMS, however, has announced that there will only be a 30-day open comment period. This is a rule that flies directly in the face of the Obama administration's previous clarification of the prohibition against "regulating the fastest growing occupations in the country and yet home care workers make an average of only \$10.49 an hour. I

Moreover, it is unacceptable how the Trump Administration is trying to ram this through on a fast track. Stand

solutions for policy issues facing the people of Missouri. While homecare workers in Missouri currently do not have a voice and the public comment period for the above-mentioned proposed rule (NPRM) to allow for meaningful stakeholder input and knew how to intervene in crisis situations and were prepared and willing to do so, often putting aside self-interest.

checks. This is an attempt to diminish our power and silence our voices so that we will not continue to fight for better wages for workers, leading to more turnover, more shortages, and lower levels of quality care for our seniors. This is not the way to

to receive homecare, do so through important state and federal homecare programs such as In Home Supportive Services. The loss of revenue possibly....so of course they are opposed. Please take the current illegal procedure into

consideration indeed eliminated-- by the newly proposed rule. Shockingly, CMS admits it has no data to support the assertion that we are going back to the dark days of the Triangle Shirtwaist Fire and the thugs who beat people for joining? No...

sing activity seems rather excessive (ads in TV, radio, news, and even social media platforms), thus likely repre

that this is illegal and that there is a CMS proposal number 2413-P
that is going on now.
In 2014, CMS ha

living down wages. You are proposing to do so by picking on workers who earn an average of a little over \$20,0
ons and to bargain collectively for improvements in their working conditions. Such a move not only violates func
aging and require health care support, these workers will be in even higher demand. Wages are not reflecting th
orker unions. Workers choose to join unions through a voluntary democratic process, and dues payments to uni
:examples of political graft and medicaid fraud.</p>

tomary to employees. But a regulation adopted by a government agency cant contradict a law passed by Congre
or me....I have called the union and written the union but always have gotten the run around. I feel I have been
rt their liberal agenda and want out! They make it sound like I'll have much to lose if I do, and make it clear that

: should not be coerced into paying dues just to care for their loved one.

A home caregiver does not hav

status. They are either employed by their clients directly, paid by the state for their services on behalf of the clie

nts for Community First Choice and Home and Community-Based Services (HCBS) Waivers, published on January

the states most vulnerable residents.
Current CMS regulatory text enabling union dues skimming from hom

oices instead of my choice at the time of donation of dues.
I understand SEIU still does their best to tell peo
g, and other benefits customary for employees.

This proposed rule is an important step towards elimin

lows seizing of my wages, pressuring me at training meetings for my job, and allowing my 'yes' over the phone to
it because wages and salaries have stagnated, preserving fringe benefits is particularly important. This is a comp

1,200 a year sent to the unions.
When I first signed up to be her caregiver, I asked about whether I had to jo
ie picture to some extent. At the time I read it, it was clear to me that the whole purpose of this change was sorr
onsin, that could quickly change under different political leadership in the state. Its also worth noting that any ef

opposed the American Federation of State, County and Municipal Employees (AFSCME) representation and dues
Medicaid beneficiaries have been given the opportunity to remain at home and in their communities while rece
at a time when need has never been higher. This proposed rule is a farce and should not be considered or adopt

their ability to provide for themselves and their families, while doing essential work.

sted by the caregivers. This training is often politically slanted but more importantly, is not caregiving which is the difficult. Without Sonia's care, I don't know what we would do. My son has to take time off work as it is to help reimbursement from the dues that they took. I fully support proposal number CMS-2413-P. We should not be force

MS should ensure that all Medicaid funds are used for healthcare-related efforts. Therefore, all Medicaid funds sh

o deduct payments to third parties from the wages of individual provider home health care aides serving Medicaid funded to the PCA. If the orientation is completed after this 2 month period, the sanctions cease but the previou

g my 1st Amendment rights.

e the system don't make it worse! I support the care workers and their unions.</p>

we don't have to." When I attempted to withdraw from the union I was defeated at every turn. Only with the c tactics for recruitment misleading and manipulative at best, if not downright deceptive. The last mandatory car

aining forced the State to punish caregivers by creating ridiculous new rules and new algorithms which no longer

forms or "join the union". The SEIU 775 representative also neglected to mention that we could opt out of paying the highest quality of care.

the highest quality of care.</p>

care fees of 2016 when it is well known that Medicare increased its fees for PR in 2017 and 2018.
Medical care at 42 CFR 447.10(g)(4), to the direct payment requirements of Section 1902(a)(32) of the Social Security Act, 42 from a consistent caregiver rather than someone who's always looking for a better paying job and benefits. re, keep health costs lower, and keep a rapidly aging population in a best practices rubric. Caregivers become the know how long. For the last two years I have had to listen to so many people screaming about the current administration and state Medicaid dollars appropriated to assist disabled Americans and their families.

My wife Carol or>

Chris Naticchia
cnaticch@icloud.com
143 Chestnut Hill Place
Claremont, California 917 Medicaid program designed to keep them out of institutions, and when possible, at home in the care of family.

re CMS-2413-P and want to make sure that my union is able to deduct dues from my pay. </p>

and growing through the union Retirement Benefits Trust. Since becoming a union member I also have a good membership

institutions, or Cities. Just as Institutions failed to benefit in our nation's past. Clients in their homes are healthier,

actually is helping them do it!

I would appreciate it if this regulation could be stopped immediately.</p>

der to get better benefits. And perks that is why I am for CMS 2413 p. There's also the issue with the checks ther
-2413-P so I have a choice which I think this is my very basic rights.</p>

paid for benefits they are not getting. Thank you!

posedly represent them is outrageous. Please get rid of this rule and let these home health caregivers keep as mu

is dollar available to help those in need. That loss of dollars
would also require additional funding by the leg

ked Obama-era regulation.

hat means a living wage NOT a poverty wage. WE all get old and need that care. You should be able to understa

I am not a resident of one of the 11 states that still collude with unions to skim the money off Medicaid stipend

nds into the workers' pockets.
Thank you for your time.</p>

support, and intensely demanding physical and emotional labor. If you deprive home health workers of benefits,

t-Hartley health care trust. Halting payroll deduction of benefit contributions for select employees would result i

checks that should pay care providers.

Many of these healthcare providers serve a family member or fr
e lobbying to be treated equal to other States or at least the same to other territories(US Virgin Island) with sim
ird enough time managing the care of others, hopefully ourselves, and making ends meet financially on minimum

am strongly opposed to this.

I support Proposal number CMS-2413-P.

Respectfully,
Mrs.

g on their behalf.

al knowledge. We are who work day to day with all the dedication to our patients. Also the we are the ones who
ever awarded a contract with these insurance companies for the fees posted by the Centers for Medicare and M

' to interfere with a Provider's use of their compensation, under our Constitution and the Equal Protection clause

real-life scenario made possible by 2018 Rhode Island legislation that was signed into law earlier this year allow
teal nearly \$200 MILLION a year from these home care providers.

Please stop this.</p>

to skim funds off of Medicaid payments in an attempt to steer federal funds to Union constituencies. As far as I c
imbursement. All companies (in areas where they predominate) have a monopoly where physicians are obligate

ble. Every dollar of Medicaid funds state governments divert to unions is one less dollar available to help those i

> Do the right thing, protect the minimum wage earning people, abide by the law.

>

. Adems asignaron mis pacientes a otros medicos son el consentimiento del asegurado. Eso se llama abuso y atrc

018 notice of proposed rulemaking (NPRMO CMS-2413- P) regarding reassignment of Medicaid provider claims.
s have worked for.

Thank you for your time,

Joyce Kremnetz</p>

ighly accelerated rate.
May you do only that which is truly best for the vast majority of people living in Amc

f 20% from that of the 2016 fee schedule.
These funds are arriving to our island but despite our original cor

o me. My life is so much better off because of our union.

ose to opt out once again. I am still awaiting a reply. I guess I'll see, on my next paycheck, if their still stealing fro
edicaid/Medicare funded service provider who has joined a unionized bargaining unit, should have it just as easy

drance to the program by forcing all PCAs, whether union members or not, to go to them with any questions or i
n for her OR her parents who are separated by hours of travel [5 by car] when they need to be together as a fam
es to work free from exploitation, abuse and wage theft. All of these are rampant in the United States, and the l
morale.
Paycheck dues checkoff is helpful, and a failure to support this signals management hostility to fair l
unions! For God's sake!

hat was more of a union recruitment function. While I did receive the training, union representatives were active
attempt to make it harder for home caregivers to do their job with the representation they need and deserve.<

benefits customary for employees.

The regulatory text, 42 CFR 447.10(g)(4), reaches beyond what Cong

ll the pain and suffering they have endured. NO KEYSTONE PIPELINE...NO PIPELINES IN THE UNITED STATES. We i
what the statute in section 42 U.S. Code 1396a(a)(32) authorizes, and provides some measure of legal coverage

ns who depend on these workers. This is a terrible proposal and should be withdrawn.

they shouldn't own everything in the whole wide world, and maybe, just maybe, they should allow those who dc

ion dues, because they recognise it's value. Don't make it any harder for them to have a voice.
irrently transferred electronically. There's no plausible reason that the transfer of union dues to proper recipien
cal tactics.

I want the freedom to choose how I spend my hard earned wages caring for disabled individ

have ability to pay for these 20%. In the past I have try to meet with ASES (PR Medicaid Program) to discuss the on members. WellCares vision is to be a leader in government-sponsored healthcare programs in partnership with children. That being said, without the union, I lost my appt because I could not make it. We lived with others, I was the caretakers will a do a good job. </p>

n the Medicaid Program: Reassignment of Medicaid Provider Claims. We are the California Policy Center, a nonp

o designate where their own money is sent.
Supporters of this change may not recognize that union memb

ers to focus on improving their working lives and working conditions instead of chasing down dues from other m
or spending priorities can be accomplished thru the i.r.s.

interest of providers like me. They provide little to no services, they collect more than twice the dues that state ei

rs like me directly. Unions in concert with the state should not be able to take union dues from providers like me

ing the incredibly important service they do by improving their working conditions. Please do not create obstacles

ney. The patients will be less healthy and less happy if you ruin their home care system. Be a good person and do

ould be nicer is for today's children to one day work in a New York State without employment AT WILL regulations

Improved care for the vulnerable in society. This is simply another attempt by this administration to make life more

12, 2018 in the Federal Registrar (RIN 0938AT61; CMS-2413-P). This proposed rule change will restrict a states a

re an impact on the ability of AFSCME, the exclusive bargaining representative of independent direct support pr
is taking money from their salaries. These are people that are trying to take care of individuals in their family wh

es subtracted from our paychecks to facilitate prompt and regular payments.

Destroying them because a few people don't want to give their fair share for representation is just selfish, short
ice agreements providing the patient with the quality of care they are entiteld to. </p>

s about the importance of bringing free markets into health care.

While not as sweeping a change perh

resentation. I do not support taking this away from workers. Dont give them one more thing to have to worry al
< my almost 20% from my check! It was illegal, unlawful acts for me and all other workers!
I have pop off my

br>

 This shortage will grow as the population ages, causing more people to turn to them much more e

94705</p>

I hinders the unions ability to fight for home care. Home care unions not only advocate for fair wages and benefi
hecks for services rendered, not Medicaid payments. Eliminating the convenience of payroll deduction creates a
fits for caregivers, but to protect home care programs like IHSS.

This proposed rule affects pe

or>Rasa Moss
rasa@rasatime.com
359 Jersey
San Francisco, California 94114</p>

or>I support home care workers and their choice to be union members and strongly oppose proposal #CMS-241:

I hinders the unions ability to fight for home care. Home care unions not only advocate for fair wages and benefi

the job, no paid sick leave. Unionization has reduced turnover and improved the care relation and the reliability of
ns are more than 90% for one party, it takes on the appearance of corruption when the negotiator for the state c
d, All individual Providers (IPs) are required to pay union membership dues or nonmember fair share fees. These
citizens who might otherwise be in state supported supportive living centers, nursing home facilities, or instituti
lecting that payment directly from the employee.
Ethically, public funds should only be used in direct resou
loyer and has never had to work for a measley amount of money with no healthcare, etc. Life is not fair to the p
comment in support of the rule proposed by the Centers for Medicare & Medicaid Services (CMS) addressir
rought by union representation.

Cordially,

Grace Silva
sparks707@yahoo.com<

matically from their paychecks, this rule change threatens a workers right to health coverage and their freedom

or services rendered, not Medicaid payments, unfairly limiting how workers spend their own pay. Eliminating the
mpaign I spoke with hundreds of PCAs who were having dues deducted against their wishes and the union refus

!
unions misrepresentation. </p>

d to have never received my form back.
I finally ordered my agency to stop removing the dues from my pay
refunded and have them stop taking it out of our
checks unauthorized. </p>

d I
wanted the deductions to stop and to take me out of the union.
Furthermore, the union has negotiat
ing or authorized this to be taken out of my check. I have called the
union numerous times to have them stc
l by a union
canvasser.
I know I am not the only person who has experienced these issues with this
u
ut they are taking twice that amount. I have tried
several times to be refunded this money, but have not rec
are not my political views. I support proposal number CMS-2413-P
for your consideration of this important matter.

o the
union to have this stopped. I finally went to my agency and explained to them what was
happening
g or authorized this to be taken out of my check. I believe my signature was
forged by a union representative
a full-time teacher and
these dues come out to about the same per year as my teaching job which is full- tim

d the union for a copy of the card they said I signed. It was not my
signature on the card, it had been forged.
hecks. After trying unsuccessfully for quite some time, I was only able to get them to stop the dues deduction af

n this card was forged. I finally got the
deduction stopped but I have not received a refund for money fraudu

cted was voluntary. I am real loss for what to do to make these deductions stop so I am writing you for help. The

to the current rules being proposed. I do so for two primary reasons. (1) Oregonians voted and passed a constit

as literally backed against a wall while he loudly did his sales pitch. I walked him down the stairs saying "shhh" u

: say over the money I earn just as i think you would or do.
It is good to know that a Union is available if I evi

who are often family and friends, may not want third party representation and should not be pressured to fund

976, it had become a requirement to carry evidence of communist government approval for employment or eve

he unions will gladly send the union their monthly dues.

State Medicaid offices should NOT be the stroi
ne payments by being able to stand on their head underwater while whistling the star-spangled banner only duri
d to wait 3 months before they stopped taking dues. I support proposal number CMS-2413-P.
e individual and the union with the state or local government out of the picture completely.

Again, I suj

ers. Therefore I support proposal number CMS-2413-P.
Thank you, Cathy Lindsay

relieve, and later telling me I HAD to, it was automatic when I sign up to be a IP serving a Medicaid client.
 <b

hanks to the state program AND the continual, aggressive support for all of us by our Union. Perhaps you influen
political entity, is no different.</p>

not pay dues on a percentage basis. They are 2 and one half hour of the highest paid person in that particular union's, and at night it was often in the 40's. We spent many, many Winter days and nights wearing five or six layers of coats. The union cut was actually an incorrect form. To even receive that form the union continued to give me the run around for a week. The reason they did this was because they earned do pitifully little per hour. I am a member of the union and I got my raise but no back pay for their error. People are not getting their training pay and information is frequently withheld. In the past four years since we have had a union presence, PCAs have not received a real raise. I do not see any value in the PCAs and the PCA program alone!

It is not to share with a union that says works for me but only pads own pocket for themselves. Now this union is

Since 2000, long before SEIU 775 ever got their oar in here in Washington state. So when Harris v. Quinn was decided, it was clear that the motivation for change is political since the only thing that has changed since 2014, when CMS last advised us, but my best client was Donna. Donna was the bomb. She had really bad cerebral palsy. She needed a lot of assistance.

to mail a check each month. Most workers are women who are in the minority. This is not a high paying job and it is a very threatening falls. Although, my mother has limited mobility and living with the negative effects of chronic diabetes. The proposal is taking away our workers rights and our union without members. Ive been doing homecare for 11 years

any way any workers can hope for a middle class life is through collective bargaining. You and I know that the ones diverting medicaid dollars back to the unions that financially supported those politicians' campaigns. It's unfair. We don't need the additional stress and complexity of having to pay union dues, training, or other standard employee benefits.

her. My husband is now retired and helps. I am a mother caregiver, I have no interest in being represented by a union. Broken promises. Not to mention telling us who we should vote for. And making us do classes before our birthday

that it is taking place in. HHS has a duty to protect Medicaid recipients and to protect the American Taxpayer. I am writing in opposition to proposal to remove the regulatory exception at 447.10(g)(4). It is an unfair and easily takes away his and other homecare providers choice in how they pay for the benefits of their union. It is a problem for over 5 years, when I became bed bound. These responsibilities are great and at times burdensome, I could never provide for over 27 years, I care for my daughter. Ive had to quit my other job because of my child's illness. My family is doing everything I don't want to forget to do. These are services already rendered and workers should be able to decide how they are paid.

ause I have a love for caring for the disabled and before then I had to take care of my grandfather when he became disabled for 4 years, I joined UDW to help support our homecare program in every way I could. The union for me has helped the reason that I decided to be part of this group, was because they made me feel like part of an important group. Medical insurance through our labor contract that us as being part of my union got us. They way my insurance is, being underpaid, and many other bad things. I voluntarily choose to be a member of United Domestic Workers because what I pay we have many benefits and better wages. By cutting the automatic deductions from our checks therefore, if the proposal goes into effect, it could jeopardize our access to health insurance and our right to be protected. We would not have any help that have been provided throughout the years. Help such as more hours to help with my daughter. I can provide for myself enough and also take care of her. I would love to continue giving her the best care that I can. I worked with me to solve a number of problems I know I can call them to help me to take care of my daughter. The degeneration of the bones. I know many people who do not have credit cards or a bank account and they didn't have one. Also, when training, the union representative shows up and spends 45 minutes to an hour pitching to employees about managing my training they take every opportunity to coerce me to join. I've even had SEIU union representative of my dues goes for that along with their political agenda and again I say the members have NO say. They demand a high percentage union dues. Unions are for commercial industry not family members caring for a loved one, caring for a loved one.

able to take nourishment and eliminate body waste. Needless to say, our son is 24/7 care as he has no legs. S. Ct. 2618 (2014), gave me the opportunity to opt out of the union! I sent a letter to Mr. Rolf, that I resign membership and the loss of benefits is insane. Its immoral. Its perverse. This needs to be ended. It should never have been allowed. I understand the need for a union but not this.

ended proposed Medicaid rule. I believe this proposal will harm both Connecticut's homecare workers and the vulnerable people they care for.

ore than stealing from our poorest citizens. Moreover, this scheme was never enacted by the Congress - it's leg

d child care dues skimming from Medicaid and related funds. This dues skim is a practice that is indefensible from

ous schedules, be unable to afford to own a home, may be immigrants, and are vulnerable in many others ways.

. Of course, any caregivers who wish to join or stay in a union could still do so. They would just need to make arr

in program integrity.

Therefore, states should protect Medicaid and should not divert these funds to ui

essentially forces thousands of caregivers into a union that they had little to no interest in joining.

Endi

skimming!

more to get such benefits on their own. In turn, beneficiaries who want to live independently in their own homes

on state. This has led to a far more stable, professional network of personalized health and social support for ser

o share our collective concern regarding the July 10, 2018 notice of proposed rulemaking (NPRMO CMS-2413- P)

and on my care all the time.
 </p>

provision they are unaware of their own danger to themselves and others.

Christina Lozano
 </t

recent regulatory action, proposal number CMS-2413-P. It is a necessary rule that would finally give our states c

ents for years. I found out that the union was my only solution. This proposal # CMS 2413 P will be a disaster and

believe members need to contribute a fair share to maintain and build the union. Without the union who will fight
my mother's Medicare and was beginning to earn a meaningful wage. This rule change would have the effect of pulling
independent provider home care workers, such as deductions from their own wages for voluntary union dues and

I am assisted and having the knowledge to do the best job possible. My son is Autistic with limited verbal skills, so

the care of millions of seniors and people with disabilities into jeopardy.
I live in America where it's my right to

need enhancing and bettering our schools and programs for our children and adults.
 </p>
<p>ire workers.</p>

: 2011. I have been part of UDW since 2013. Since, UDW I have been involved in making sure the IHSS program r

 </p>

en and to protect them.
 </p>

epresented agree with. Churches are not permitted to contribute to political parties or even preach for or again

ppose # CMS-2413-P. Its my first Amendment right. These are wages paid for services already rendered. Union n

>

overnment does not help me with, for example help fight for things like a livable wage and vision and dental ber

and support those who cannot help and support themselves. The union here, helps us to protect. So that being

home instead of going to a facility. They are underpaid and under appreciated. Most times they know more abo

e last thing that should be happening is to weaken it. The UDWs dual missions are to protect the care providers ;

ibilities that must be met. The removal of paragraph 447.10 (g) (4) would force the provider to physically take fur

gh level care. It has not been an easy feat, seeing that I am their sole care provider. In these 3 years, advocating

like care of my client - my significant other. Before I dropped my full-time job for him and became his caregiver, he

citizen, I am strongly against any rule that takes my rights to choose how I spend my paycheck.
 </p>

for this proposal being made and who will benefit because I myself as a busy person feel that payroll deduction

carried out by approximately 450,000 IHSS providers like me. This means nearly 1 million Californians receive or

rulemaking (NPRM), CMS-2413-P concerning reassignment of Medicaid provider claims. As the Centers for Medi

s. Sending funds to third parties that provide no services to Medicaid recipients is strictly prohibited.

N

ely.</p>

ans than they presently do. More Republicans supporting the Unions of working people could swing this back.

iges the Medicaid at home programs.
 Staff at the Department of Social and Health Services supervises the I
e Medicaid-funded self-direction programs, and other stakeholders, including support brokers and Medicaid ma

but health-care! I beg you to stop this union thievery and end dues skimming immediately.

ollecting union dues is beneficial for me, I want to have more control on my decisions.

Thank you for yo

ability to collectively bargain for a reasonable living wage and benefits will limit the number of employees in this fi

ty of Medicaid. The Department of Health and Human Services could end the practice of dues skimming with this

employees for the sake of collective bargaining. The Republican-controlled legislature refused to appropriate fu

e Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the Social Security Act. The NPRM a

nationally in quality, while remaining less costly than in 37 other states. Providing financial intermediary support

der claims at 1902(a)(32) of the Social Security Act. The NPRM also indicates that CMS will newly apply the prohibition of this rule would be to prohibit home care workers from directing their money to be applied as union dues for themselves, Medicaid recipients, or Medicaid providers who choose not to engage in this practice. The fact that Medicaid is not a requirement for working at a real estate office as a loan processor before I became a caregiver. Before I was a provider, I worked in a home care agency. My sister had congestive heart failure and a hysterectomy. My second consumer is completely paralyzed and has multiple disabilities. They are between 60-70 years old and one suffers from a torn ligament, another has no cartilage in one knee, congestive heart problems, and is in a wheelchair and needs my assistance in and out of the bathtub. I care for another consumer who is a round between clients, but I make sure to make time to help my fellow providers. Before being an IHSS provider, I was a caregiver. My employer's paychecks conflicts with Section 1902(a)(32) of the Social Security Act. The attached comment provides information on this. Therefore, I have alarms set up on the refrigerator because my brother has to be careful with what he puts in his hands. I go to the doctors appointments. I make sure he takes his medication, prepare his meals, assist with hygiene, and do laundry. I am a full-time caregiver. But I am. And Ive been a provider for decades and a member of my union for almost 20 years. I have been from caregivers to unions (<https://www.freedomfoundation.com/wp-content/uploads/2018/07/Getting-Organized>)

is illegal and unconstitutional. Janus precedent should be applied to using Medicaid funds to support unions.

; affiliated with AFSCME. UDW gives members only a 10-day annual period to leave the union based on the annu

the union's services are of great importance to me. I really want to know what value the states intend to exchar

I do this job with courage and conviction. Thank you.</p>

e right to decide for themselves who they will and will NOT associate with. Vote to end this ILLEGAL Union Prote

ne Courts recent decision Janus v. AFSCME Council 31, the Court extended that principle even to the payment of

vulnerable citizens. Home caregivers have a unique employment status. They are either employed by their clients

aid monies is irrelevant under Section 32 which prohibits all assignments, except to government agencies or by c

n February of this year, and much of the debate focused on the propriety of forcing homecare providers people

rovided with good quality benefits. Do not allow CMS-2413-P to be implemented.

nored while we give extra support to illegals who did not ever pay into the system. Please prioritize the plight c
ile not providing any representation for us. Let them ask us if we want to be represented. As it now stands, it is a

Dear Secretary Azar and Administrator Seema Verma,

Health Access California, the statewide health

ed with our state governments practice of skimming funds from Medicaid provider payments on behalf of third p

care, then those who are most needy among us -- those on Medicaid --should not be penalized by politically po

sed as the hacks that you are.

May god bless your hearts.</p>

/ check.
Thankfully, I was able to cancel the states deduction of dues from my pay right after the U.S. Supren

to supporting those who are caring for the most vulnerable and these skimming of dues needs to stop.

o comment on this notice of proposed rulemaking (NPRM), issued by the Centers for Medicare and Medicaid Ser

ds as well? This has to stop. The good folks in fly-over country will soon demand just a little bit of common sense

of Medicaid funds meant for those receiving PCA services to go to the unions.

I am writing in support c

Medicare checks without realizing that it's optional.

are attacked on all fronts. There are numerous areas of concern that challenge us daily, from the medical comm

member of any union or signed anything to support a union. As a Parent Provider the union has never once in 14

times they weren't aware that money was being taken out automatically from their pay checks. I believe the pr

requirements of Section 1902(a)(32) of the Social Security Act, 42 U.S.C. 1396a(a)(32) (hereinafter Section 32).

best scale in many years. Many have promised to honor the new scale. We are still waiting. Thank you.

2016. Muchos de estos códigos de MRI y CT Scan tienen una diferencia significativa de un año a otro hasta de \$1 can become part of administrative and operational deviations, becoming a large amount of the total amounts d

When the financial stability was in jeopardy, I left the Island. I want to go back because I feel the people need me. I l

My Story
(I can not go out and just any job. I have a disabled husband at home that needs 100% h daily living needs and have the patience to care for someone with special needs. In order to increase jobs for p

Workers will make it nearly impossible. The Public Authority for In-Home Supportive Services in Santa Clara County (allow a workers right to determine their choice to be a union member, and does not hinder the unions e what I want to spend my money on and if I want it set up for auto debit, why should that be of concern? It is

and deduct dues and agency fees. The current (July 1, 2018) State contract with Vermont Homecare United me or at least provide me with a name of some one with the power to jump in for me with SSA you know t

home care workers and their choice to be union members. Home care unions not only advocate for fair wages a

There are the days when labor unions represented workers interests; now Big Labor represents a powerful player in

Home care workers, such as deductions from their own wages for voluntary union dues and health insurance coverage, but to "eliminate" voluntary deductions that cancel one's participation in group health insurance is horribl

Employees regardless of their membership status. Because of this, it is vital that they are able to maintain funding for t ratively with elder-rights organizations to improve home care jobs and thereby enable older adults to receive th union dues, Individuals should never have to opt OUT of a union, they should have to voluntarily join. T

Health and Human Services (HHS) extend the public comment period for the above-referenced proposed rule (NPI

r have had no fiscalization from any ruling body. They have essentially pocketed the pay update that CMS approved. The amount of reimbursement that is being reassigned to third parties by states." To offer one example, one such income people of Alameda County, California. As of July 2018, the Alliance provides health care coverage through

ing for years and nobody is doing anything, in addition Medicare is losing providers as MDs are leaving the Island problem. This is an issue which cuts across political lines and should not be subject to ideological biases.

care services. That is why states have chosen to engage in collective bargaining with these workers. It is wrong! Home care workers make an average of only \$10.49 an hour. Prior to unionization, they had no health assignment" of claims. I urge you to reject the contemplated change. Prior to unionization, they had no health insurance, no workers compensation, no standard rules on the job, no

and practice for proposed federal rule changes is to allow for a 60-day open comment period before the proposed

appear to have monies being remitted to a third party under 42 CFR 447.10(g)(4), Missouri law nonetheless allows elder participation in the comment process and completion of a robust analysis of the economic impact of the proposed interest and their own needs. They also tended to be people who had spent their lives doing work which was

or what we believe in and stand together strong as a union. Home care unions not only advocate for fair wages and the way for CMS to save money on Medicaid, and therefore, I urge that this new rule not be implemented. The

Services in California (IHSS). IHSS workers and other homecare workers are a critical part of our community consideration. I am an individual provider.

tion that Medicaid funds are being improperly used by states or diverted from the Medicaid system to pay home care we are doing it the bloodless way, this way.

incurring a significant expense in their operation; expenses that in my opinion should be directed toward better coverage

and adopted a regulation that allowed states to deduct money for caregivers wages for benefits customary to

\$10,000 per annum. Shame on you.</p>

fundamental justice and threatens the well-being of these particular workers but also erodes the quality of care that is, however, and thus, union representation is one of the few ways workers are able to protect their interests as unions come from the workers' wages. Home care is one of the fastest growing occupations in the country and yet

ess, which is exactly what the 2014 regulation did.

 CMS recently proposed to repeal the 2014 regulation, which robbed of my money and taken full advantage by the union....I do not agree with the politics they support. Or that I'm some kind of "traitor" by trying to opt-out. I finally gave up because I don't have the time and energy to fight

in a traditional workplace so they cannot benefit from union workplace representation. For instance, a daughter

is not, or employed by a privately owned and operated home care agency that contracts with the state to serve Medicare

beneficiaries, 79 FR 2947, 3001), which authorized a state to make payments to third parties on behalf of the individual

receiving care and personal care provider payments runs counter to this expectation. Most home care providers are family

members who must belong to the union in this state. I support proposal number CMS-2413-P. In the past the SEIU used to be the infrastructure in 11 states (California, Connecticut, Illinois, Maryland, Massachusetts, Minnesota, Mississippi,

Alabama, and Louisiana) to entrap me into Union membership.

Please support CMS-2413-P.
Thank you!
 </p>

It is a completely legitimate use of Medicare/Medicaid funds, certainly as legitimate as reimbursing medical providers for their

services in a union (SEIU 775). I was (reluctantly) told by the DDA worker running the registration training of a website where they used a convoluted way to force IPs to pay union dues. If I recall correctly, it's supposed to take effect in 2019. I determined that the effort to divert Medicaid funds from their intended use is detrimental to the program and, consequently, to every

family member who is skimming for Minnesota subsidized child care providers, as their attorney. This skim was defeated in court in Minnesota, leaving the care they need, oftentimes at the hands of family members and friends. But more than 650,000 individuals are affected.</p>

the purpose of Medicaid funds. Simply put, subsidization of unions political activities should never happen with Medicaid. I cannot imagine what I would do without this program. We've been married since 1975. I would not want to pay for union dues that do nothing for us.

should be protected from diversion to unions and political activity.

 Additionally, many healthcare providers

are Medicaid-eligible disabled and elderly clients. This rule change would bring federal regulation into line with the federal rules. If a provider's Medicaid deductions are forfeited. The forfeited sanctions are returned to the state. Would these orientation sanctions

be a result of a court decision in Harris v. Quinn was I able to withdraw from the SEIU 775 and exercise my 1st Amendment right to free speech. The caregiver training I attended was specifically for parent caregivers. The union representative there spent a great deal of

time. I truthfully assessed a patient's needs but were instead designed to cut hours. Although my daughter's condition

g union dues and that we did not have to join the union to be a provider.

I never signed a union membe

doctors are leaving the island of PR and eventually this is going to create a very serious crisis.
The fees that a
U.S.C. 1396a(a)(32) (hereinafter Section 32). Center of the American Experiment is a Minnesota based non-par

ie force for compassion that sheer federal dollars are unable to provide. Treat us well, too!
inistration being uncommitted to the rule of law. But the reality is that previous administrations were very comi
l and I have a son, Jason (38 years old) who was born with cerebral palsy. Jason is bright, alert and very smart bu
11</p>

Politicians like Governor Mark Dayton have tapped Medicaid programs in Minnesota and 10 other states

edical plan, with dental and vision, that is administered through the union Health Benefits Trust.
 With all the
thus dropping health costs. Having Home Health Care Providers trained and paid livable wages with
benefit

re are times that I don't get paid. And it takes months. Before I receive my next pay check. Thanks to their new p

ich of their pay as is humanly possible. Thank you.

gislature or an increase in taxes.
Also, dues skimming just is not right. Many of these healthcare providers, e

and that need for poor and rich alike.
Thanks for your time,

Rob</p>

ds, as a taxpayer, I prefer that those for whom the funding is appropriated receive it, rather than putting money

America will suffer a worker shortage in a field where demand is growing rapidly with its aging population. Plea

n the degradation of the benefit for all covered, raising eligibility requirements, or likely the combination of both

riend from their home. No parent should be coerced into paying a union just to care for their own disabled child.
ilar GPCI. This means more funds to our Health System. In anticipation to that increase in funds, Health Insurers ha
n wage without having to also opt out of the union. Those seeking membership and fully supportive of the union

Theresa Drahman
Spokane, WA

o are exposed to the day to day the risk inherent of the medical profession and not the insurance companies. Its Medicaid Services (CMS). Instead I was contracted for what these companies call an 'Advantage fee schedule'. The

e. Provider spending of their compensation is a private matter not appropriately regulated by CMS. As Employes v

ing for attempted unionization of the home care industry. This private industry in our state, which now successf

can tell, Unions are providing no services to these individual providers that would justify a payment. If the Union
d to accept whatever they want to pay restricting access of patients. They change patients physician with out nc

n need.
 The current policy which allows dues skimming was never intended under the law. Medicaid has a

opello. Mi practica se vio completamente
afectada. Desde entonces me e visto obligada hacer tantos cambic

I am opposed to this rule, as it would prevent home-care workers who are independent providers and work in IV

erica, its possessions and its territories (this rule is just the opposite) while causing as little harm as humanly pos:

ntracts with advatage plans that refers a 100% medicare fee schedule compensation, the advantage plans made

m my meager wages!
 Based on this, and other reasons, I hope you will repeal the 2014 CMS regulation. I
r as I did.

ssues. Additionally, now they have added confusing training "opportunities" that are irrelevant to my caring for
nily.

level of corruption in corporate and government administration is staggering and embarrassing, and helps to mal
business practices.
Thank you for your consideration of this matter.
 </p>

ely promoting and recruiting new members during every break. If medicaid funds are to be used to provide train
:br>
Thanks!</p>

gress authorized in Section 1902(a)(32) of the Social Security Act-- State Plans for Medicaid Assistance. Congress

must move away from fossil fuels and invest in renewable energy, irregardless if the "rich" (by "rich" I mean peo
for states to engage in dues skimming. It must be repealed. The Center for Medicare and Medicaid Services need

o the actual work to have some sort of representation int eh workplace. Having control over more than 90% of tl

its would be any costlier than any other deductions.

The right for labor to organize is inherent in our de
luals in our society. The federal law is the only protection I have against the SEIU union and collaborative state p

se argument but they argue that I need to negotiate it with the Health Insurances on charge of these Medicaid p
ith our members, providers, and government partners. We have a long-standing commitment to our federal and
; only able to get back on my feet when wages were increased. And I had health care. I was happier and it showe

profit that promotes free-market solutions to public policy challenges.

We support the HHS and CMS pri

ership promotes workplace longevity, which is sorely needed in the home health care field. I want to be assured

embers. The only reason to prohibit the practice of payroll deduction is to ensure just that. By making the basic

employees pay to the Washington Federation of State Employees, and use almost half of union dues collected to

3. My sincerest hope is that common sense will prevail and that CMS-2413-P will be approved.
 </p>

s for these workers to advocate for themselves and their clients. We will all rely on this type of care for ourselves

o the right thing. Leave the union dues deduction service in place.

n hanging over them. {AT WILL EMPLOYMENT ALLOWS A COMPANY TO TERMINATE AN EMPLOYEE FOR ANY REASON

ore difficult for children like my son who rely so heavily on the skilled, compassionate care these Home Health workers

ability to make payment to third parties on behalf of an individual provider for benefits, such as health insurance

providers (i.e., those who provide home- and community-based services to Medicaid recipients and are employed by the state or local government). People who need help, people who have no idea that they are losing huge amounts of money every month to a union who

is sighted and stupid in the long run. This should not be allowed to proceed.

As for some of the topics covered in your presentation, the Center for Medicare Medicaid Services within your committee

about and juggle. </p>

my membership for many times, but, they didn't let me!
These unlawful acts of a group of people who living right

expensive nursing home care as well as acute hospital stays as they have in adequate care at home.

its for caregivers, but to protect home care programs like IHSS.

This is a bald face attempt to
impose unnecessary hardship for home care workers.

I support home care workers and their choice
of payment for services rendered, not Medicaid payments, unfairly limiting how workers spend their own pay. Elim

3-P.

Cristela Escareno
cristela.escareno@gmail.com
2862 Manhattan Ave
La Cress

its for caregivers, but to protect home care programs like IHSS.

This proposed rule affects pay

of care services. That is why states have chosen to engage in collective bargaining with these workers.

 If contract is he or she from whom much is given, much is required. (apologies to JFK, 1961) And, the oversight we are deducted monthly from your pay check. Those were false statements as it was well after the 2014 Harris v ons at considerably higher costs to taxpayers. The workers who provide direct care are the most important element for services provided. I believe the purposed change in regulations is in line to address this issue.</p><p> Poor but it can be made more fair. It's a lot cheaper to keep the elderly in their homes and these workers are needing labor union dues skim.

 The practice of dues skimming by labor unions unfairly burdens home care workers.
 7050 Babcock Ave
 North Hollywood, California 91605</p>

of assembly.

 Furthermore, eliminating the convenience of payroll deduction creates an unnecessary hardship for home care workers.

 I asked them to stop until we provided legal assistance. I heard many stories of union organizers forcing their way into homes and that
 worked.
 On behalf of all Minnesota Home Health Care workers, I ask that you please investigate this practice and that I wanted the deductions to stop.
 I ask that you please investigate these dishonest practices and make sure that I received it.
 The union representatives have misrepresented the union policies and the union uses unfair tactics and that I wanted the deductions to stop.
 I ask that you please investigate these dishonest practices and make sure that I received it.
 In April I received a check for a refund from the union, but it was only a small percentage of what they owe and my billing for PCA is only part-time and at a fraction of the pay.
 I called the union several times to get help and that I wanted the deductions to stop.
 I ask that you please investigate these dishonest practices and make sure that I received it.
 I also know I am not the only person who has experienced these issues with this union. On behalf of all Minnesota Home Health Care workers, I ask that you please investigate these dishonest practices and make sure that I received it.
 I am currently getting help from an attorney. It is my belief that the union is forging signatures and should not be allowed to take money from me.
 Please help us. Mostly we are not wealthy people and this money means a lot to us. Thank you for your help.

They are taking a great deal of money, over \$70 per month, away from my family that we desperately need. Please

stitutional amendment in the year 2000 allowing homecare providers to collectively bargain. This ballot measure p

until we got to the front door and outside while he continued to talk. I felt he would not leave until I signed up. I

er need to decide to join but I shouldn't have the decision made for me and the funds taken out of paycheck tha

unions.
4. Dues skimming is outside of the purpose of Medicaid - which is to help the most vulnerable. </p>

en to shop for food or medicine.

I never want to surrender the freedom I have in America to work with

ng-arm enforcer of union thieves.</p>

ing a blue moon is insane, and hardly reasonable. We all know the real reason: never let a revenue stream go aw

pport proposal CMS-2413-P.

Thank you. </p>

or>

I finally found out a year or two ago, this was a lie. I requested, several times, to stop taking union c

tial and largely well-off 'representatives' cannot understand what is at stake here. The ONLY option in most case

nion. My late father, Ted Myrick, acting as Secretary of our local Musicians Union, went to the night clubs and cc
of clothing, often shivering and huddled around an electric wall heater in the bathroom of a cold, cold house.

as did my case worker. i had no one I could go to to help me. In the end my hours were cut though the union let
SEIU Virginia 512. I am a member because I want to change the conditions of home health care workers lives. Th
itly lost. The employees they hire so not help, I've heard there is no KOBRA, our insurance no longer has specialis
ie in having a union presence in this program and I believe that the dues the union collects are more beneficial to
on is trying to make it so dues are forcefully deducted again from my check without my authority. Well I say no a

ed my letter to the union was in the mail that afternoon and I was successful at getting them to stop skimming n
dressed this issue, is the federal political landscape. Since you should be unbiased in your decisions you should ti
ssistance, but in the brains department, she was sharp as they come. I used to have to help her to the bathroom

certainly does not come close to equal pay for minorities and women. This program supports itself excellently th
tes she has been able to stay at home with my assistance as her care provider. Although being her provider is h
; since my mother in law was diagnosed with cancer. She didnt want to go to a facility with strangers, and her oth

both no that the only reason to weaken labor unions is so that workers can be marginalized and exploited.
 <
nconscionable that this has continued for as long as it has. Every single dollar we earmark for our Medicaid recip
ee expenses separately. Workers in almost every job get such payments withheld from their paychecks routinely

nted by SEIU, and I oppose their deceptive measures and political agenda. When we moved to WA, I had no opti
r or get fired. I should I was in the Union. I am writing this on behalf of the providers and clients. The Union shou

payers money, please stop the Dues Skim. </p>
<p>overreach of CMS authority designed only to attack home care workers and their freedom to spend their wages
union that offers him further advancement of homecare skills, training, health benefits and other customary sei
ver have asked for a better advocate.
The union he belongs to has been instrumental in him becoming a bett
ly is a union family, my grandparents were in the union, I was raised to be a part of the union. UDW has helped n
/ these wages are spent. Ive been a provider for 11 years and I got into being a provider by taking care of my mot

ne ill, that was when I wanted to become an IHSS provider for those who need someone. I also take care of my n
lped fight for higher wages, better benefits and overtime we won the right to be able to take care for our family i
up more like a family. Like it is known the only way a union can work is by strength in numbers. We should keep
and union dues are deducted from my pay check is the correct and best way for me. I would not like to pay for a
; and will keep continuing being a member of my union.
I am very happy with what we have accomplish thrc
e is going to be many cuts to our benefits that will be lost that have cost us the workers to get.
 My pe
cted along with the clients we work with.
As a union member and volunteer at UDWA 3930, I know that as a
with more care. I strongly oppose proposal # CMS- 2413- P for it will ruin the lives of many precious lives.
<k
I can give her personally.

Beatriz Galvan
</p>
<p>ay help me to be an advocate for her. Pay my union dues proceeds help to fight for all people with disabilities and
<p>it have any way of transportation to go and pay their dues to the union. These situations will hurt the organizati
everyone like they are required to sign into the union. Many of these trainees do not speak or understand English

<p>esentatives come to my home unexpectedly applying pressure to rejoin. And these people are being paid with un
ictate who our Medical Providers are without notice and we have no say.I and other members want to see a rea
or those providing in-home care. I support proposal number CMS-2413-P. Thank you.

<p>and no use of his hands. He is tube fed and has a supra-pubic urine catheter. Our son was placed in a care facilit
nbership in all levels of the Service Employees International Union, Including Local 775NW, which was the union
urge you to fix the regulations and end dues skimming from those who are most vulnerable.

ulnerable clients they serve.

In Connecticut we utilize a self-directed model, where Medicaid clients ma

ality is questionable. It should be eliminated by CMS as quickly as possible, so that every dollar can be directed v

n both a statutory and moral viewpoint.

Under the statutes, a state is allowed to reassign portions of a

. These workers make a critical contribution to our society and banning states from being able to provide them w
rangements to pay their dues, which could easily be done by authorizing the union to draft money from their bai

nions to subsidize political activities.
Nor should Medicaid funds be used for union-provided training that is u

ing the collection of union dues in connection with federal funding is a key step in restoring the right of free assoc

s and direct the hiring of their care providers will find it more and more difficult to hire and keep skilled workers.

riors and for people living with disabilities. On the heels of the Supreme Courts Janus decision attacking organize

on the reassignment of Medicaid provider claims. As stated in the NPRM, the rule is intended to prevent certain

are giving workforce long-overdue protections from the exploitive practice of diverting union dues from providers

and is attacking the most vulnerable people. This is not fair for honest working people that is helping the disabled and

fight for our rights. I take care of my son who has Autism and behavioral issues. He needs 24-hour care he wakes up
pulling the rug out from people like my grandma.

and health insurance coverage, which had been deemed proper.

Please do not pass this new rule. Thank

you so I have to be his advocate and his voice. Without UDW our voices would not be heard. They have already imposed

on how to spend my paycheck as I see fit. I chose to be in my union and paying my dues should be easy and I want it my

emains with dignity and respect. The only way to have my rights protected are with my Union and having a voice

st any party. Why allow unions to do so?

membership are all voluntary; no agency fees charged following Harris V Quinn. Having payroll deduction is very

enefits. The Unions have fought on our behalf to ensure a better quality of life , I want to help ensure my Union w

; said, "I would like to keep my union dues being garnished from my paychecks to support the union to pay for,

ut the patient than any other member of the team, including the doctor. I am a retired OT and I worked in a proj

and to protect the program. Weakening the unions is weakening the program. What that all boils down to is, eld

nds from their paycheck, convert to whatever form of payment to be submitted to their union to pay their dues. '

for my parents has been a challenge. My father is 79 years old with 2 knee surgeries and has impaired vision th

e would be in and out of the hospital on a nearly weekly basis with extended stays due to variety of health issues

is very convenient for me to pay my union dues and other deductions necessary from my check.
 </p>

provide care through this amazing program. Unlike most service-based work in America, home care services ar

care and Medicaid Services (CMS) makes clear in its discussion, this proposal affects home care workers to restri

Multiple states have taken action themselves and sought to restore Medicaid's integrity by ending dues skimming

Ps, manage their wages, provide supervision, and provide additional training. While the minimum wage in Was
managed care organizations.
With respect to CMS's proposed change to Medicaid direct payment rules, we res

ur consideration,

Diana Petrossian
 </p>

eld and impede the ability to retain current workers over the longer term. By being able to collectively bargain at

s simple, administrative fix.

A 2005 executive order issued by Gov. Tom Vilsack (D) authorized the

nding for the Council but SEIU and AFSCME attempted to unionize care providers anyway and penned a collectiv

also indicates that CMS will newly apply the prohibition to authorized requests for deduction of union dues paym

that for those who self-direct has been an essential part of Washington's success. Given the challenges presented I

hibition to authorized requests for deduction of union dues payments from certain Medicaid home care providers

lues.

The proposed rule would move the administrative cost from the professional payroll management

d funds are currently dispersed directly to unions and other groups that utilize these public funds to advance private
nursing home, then my mother got sick, and I decided to move to my mother's home and take care of her. After t
right-side congestive heart failure.

The first thing I do is to get her up from bed. I then bathe her from I

a knee and another has one knee replaced.

Lastly, three of my consumers were injured in car accidents

ner person that has extreme fatigue.

Before being in IHSS, I graduated with 5 degrees, worked at Sutter

; I used worked for CalPERS and I have my insurance license for the state of California and Texas.
I am very k

nation specific to Illinois, and identifies two concerns that we believe should be clarified in the final rule.

s body.

I worked in fashion and retail before IHSS. And initially, my caregiving started as only light chores
various house chores.

Before becoming a caregiver, I was an administrative assistant, in a corporate of

irs.
I see the difference between before the union and now. Our union fights for us and I have seen good res

ized-at-Home.pdf).

This has added up to \$1.4 billion in the last 17 years. That \$1.4 billion has been dive

>
3. Medicaid reimbursement schedules are so low that less than 70 percent of U.S. physicians can afford to
versary of originally joining. SEIU gives a similar 15-day escape period. This scheme has resulted in both unions b
nge for the money that they will be allowed to confiscate from my checks that equals my current dues. I don't si

ction Racket. This practice should be investigated immediately under the RICO statutes. I firmly believe what the

f agency fees to a union. Theorizing that it was compelled speech to be required to pay money to the union that

; directly, paid by the state for their services on behalf of the client, or employed by a privately owned and operated

court order the practical effect of dues skimming is that it does not allow home healthcare providers to voluntarily

; who are serving some of our most vulnerable Medicaid-eligible disabled and elderly clients to give part of their

of our elderly first.
a compulsory political tax.

th care consumer advocacy coalition committed to quality, affordable health care for all Californians, writes in op

parties like labor unions. My concern stems not only from my professional experience dealing with unions, but al

werful unions wanting to use these much needed funds to enhance their bank accounts.

Michael '

ne Courts ruling in Harris v. Quinn.
However, the state of Washington and SEIU 775 continue to use coercior

Montana is not one of the 13 states that will be most impacted by this rule, but we still feel the effects of the st

rvices (CMS) and published in the Federal Register on July 12, 2018, which would repeal a current regulatory pro

3. When they do this type of behavior will hopefully be a practice only for the history books. </p>

of the proposed rulemaking (NPRM) by the Centers for Medicare & Medicaid Services (CMS) to remove a re

unity which inflates prices, the inability to even get services within adequate time frames, to just meeting daily €

4 + yrs. asked me what would help ease the pressure in our home. I have felt used by this union while the hate w

posed rule should be enacted so that PCAs can have more control over the funds they receive from they work

Section 32 provides that no payment shall be made to anyone other than a provider or beneficiary of s

r>You should investigate further the assigned funds in PR. </p>

100.00 o mas por estudio lo que en muchas practicas significa un impacto entre \$200,000, a \$300,000 menos en
estined to the service the patient requires. </p>

had a big pain medicine practice. Please, we pay our taxes to the US treasure and deserve equal reimbursement

6 of my time for care. He was injured and developed diabetes, liver disease, PTSD(I don't want to go there about
providers the pay rate needs to be more rewarding so the job will become one of a union worker. These wages a

California administers benefits as well as training for over 24,000 home care workers to help build their skills and
ability to fight for home care. Unions should be fighting for the union workers' rights regardless of how they get
easier for me a single mother who takes care of her disabled child to have it done that way. Easy! I never need to

(AFSCME) requires the state to deduct voluntary contributions from union members to the unions Political Action
the one 1-800
I have been lied to and let me just say I have proof of this, my husband was in a bad accident b

and benefits for caregivers, but to protect home care programs like IHSS.

By not allowing me

Democratic politics bent on increasing membership, its financial reservoir, and ability to elect and influence pol

age, which had been deemed proper.

If this rule were to go into effect, home care workers
le, worrisome and destabilizing. Please do not do this.

this work. Making it more difficult for employees to pay dues will weaken the power of the union, which can res
e care they need. This rule threatens this essential care and will harm both older adults and care workers.
It
taking care of a family member at home saves the state money overall. The aging population is also aided by me

RM, CMS-2413-P) by a minimum of 30 days to allow for meaningful stakeholder participation in the comment pr

ed for Providers and gave over 2017 & 2018. This abuse has caused well trained specialists and subspecialists. The potential impact of the proposed rulemaking would be that states stop reassigning homecare workers' dues to
ough our Medi-Cal and Alliance Group Care programs to 266,297 residents of our community. Through this cover

in search of better opportunities this also affects the service to the beneficiaries. I urge you to require the me

is important to note that care workers choose to join a union and make the choice to pay union dues. Union dues
insurance, no workers compensation, no standard rules on the job, no paid sick leave. Unionization has reduced

paid sick leave. Unionization has reduced turnover and improved the care relation and the reliability of care serv

al can be implemented. CMS, however, has announced that there will only be a 30-day open comment period.

vs that possibility. Specifically, eliminating 447.10(g)(4) will ensure that Medicaid funds are not diverted for purp
oposal. Under section 2(b) of Executive Order 13563, Improving Regulation and Regulatory Review, the
orly paid, working in homes, or performing unwaged labor. Because of they often had problems adjusting to wo

nd benefits for caregivers, but also to protect home care programs like IHSS. This is a attack on seniors, low inco

Thank you, Jack Metzgar Oak Park, IL

unity and make it possible for our members to live independently, in our homes and communities, rather than in

e care worker unions. This really obscure administrative rule-making capacity of the U.S. Department of

verage of medications, diagnostic tests, and payments to providers. Besides physicians, the local clinical laborato

r>employees. But union dues are not part of that according to the federal law. A regulation adopted by a gover

t any of us can expect for ourselves and those we love. Please do not institute this new rule.

nd rights to a fair wage. Anyone who cares about American working people should absolutely oppose this nefaric
home-care workers make an average of only \$10.49 an hour. Prior to unionization, they had no health insurance

on, which would clear the way for it to begin enforcing the law prohibiting states from diverting caregivers Medi
ie rallies they fund against my beliefs. But I was told I had no choice...that I had to join and pay dues....or not get
ht with them.

I support the removal of the regulation that allows unions to deduct dues from my pay. I

r staying home to care for her mother suffering from dementia cannot issue a grievance about her working cond

edicaid clients. Most caregivers serving Medicaid-eligible clients are friends or family members of the person the

idual provider for benefits such as health insurance, skills training, and other benefits customary for employees,

aily or friends of program participants, who do not desire or require union representation. It is also already possi

sed a deduction through state payment system to fund a political project without permission. Please EXCLUDE (I
ouri, New Jersey, Oregon, Vermont, and Washington) that permits state governments to collude with unions to v

he wages and salaries that make up most of the cost of any medical bill.
I see this rule change as a not very v

/here I could opt out. I chose at that time not to sign a union card. Two months later, I discovered SEIU continue
ined if this was their intent, I'd stop being an IP. The person I take care of can be put in a nursing home at the ex
state.

It is our recommendation that the final rule explicitly prohibit the pernicious practice of divertin

innnesota in 2011-2012 and then in a 2014 election by Minnesota child care providers by a margin of almost 3:1.<
uals with developmental disabilities, traumatic brain injuries, and other serious conditions are languishing on w

Medicaid dollars.

If care providers wish to support a union, they can certainly do so without the state being the 1960's. We came to this country together.
Being part of the union made it possible for me to have the

Providers may not desire to support a union or its political goals. Any provision that allows forced union membership c

the statute governing such payments. The underlying federal statute requires that Medicaid payments go directly to the providers or returns to the state be effected by this change?

ts. Even with the repeal of this unlawful regulation, the state of Washington and its union cronies are involved in a great deal of time at trying to convince this large group of parent caregivers that the SEIU was a disabled person advoca

has not changed, she now receives 104 hours of care and requires an extra 30 of those. Additionally, SEIU775 l

ership form, yet union dues were automatically withdrawn from my paycheck. I mailed four requests in writing b

are proposed for the Medicaid program are completely inadequate and as a consequence providing many medic
tisan educational organization under Section 501(c)(3) of the Internal Revenue Code.

See the attached

mitted to violating the rule of law. Those who wish to change the statute must act with the Congress to do so. I
t cannot speak, walk, feed or bathroom himself. Carol and I made the decision years ago to keep Jason at home

on behalf of government unions like the Service Employees International Union (SEIU).

The scheme is

ese advancements I have achieved through my union membership I stand by my union SEIU775! I know that my

s to keep them healthy and on the job, makes all the difference in taking care of our nations citizens; the ones w

ayment system IPOne.

especially in rural areas, serve a family member
or friend from their home. No parent should be coerced into

into union coffers. Let the money flow to the intended recipient, who may use the money for needed care.

se do not move forward with this rule; it hurts the workers, and, in turn, will hurt our seniors.

n.
The Health Benefits Trust covers nearly 19,000 caregivers. One quarter of the covered lives are from private

The money skimmed from care providers is used by the unions to further their own legislative and political agenda and conspire to set payments to providers using the 2016 CMS fee schedule. That means that they will profit any care
n can participate easily with making their own payments separate from paychecks. This would eliminate any conflict

time to make justice to the medical class here in Puerto Rico and the United States. I left this statement in your hands. The fees for services included in these 'Advantage fee schedules' are different for each insurance company and are

with a client Employer, Providers are entitled to access payroll deductions which are common with other Employers.

ully provides vital services, could be decimated.

This proposed Medicaid Provider Reassignment Regulation

s ARE providing a service of value, then the caregivers will not object to voluntarily paying for those valuable services. It is not just the cost of the service obligating the patient to accept the physician that they impose. There are many more irregularities which need to be addressed.

a narrowly defined purpose to help our Countrys most vulnerable. Redirecting these funds to unions that arent d

os y mi situacin econmica cada vez se me hace mas difcil.
De alguna forma el gobierno, el Colegio de Medico

Medicaid consumer-directed programs from making deductions from their pay for benefits such as healthcare, tra

sible.</p>

unilateral changes to pur contracts keeping us providers with the 2016 fee schedule and thus keeping all the ne

I do support proposal CMS-2413-P.

Sincerely, Teresa

my brother. These training opportunities feel like the union's attempt to contact us for recruitment since I have
ke our country an object of contempt around the free world. Unions are a vital check on the power of the U.S. go

ing, unions should not be allowed to promote or recruit at such events. If the union wants to sponsor training, t

did not authorize the regulatory agency to create broad, new exceptions to the direct payment requirements de

ple who squander their parent's fortunes and expose EVERYONE to their fucked up beliefs). Separation of Church
ds to clarify that federal law prohibits the diversion of Medicaid funds to unions.

The Obama

he workplace apparently isn't enough -- but in my opinion, it's more than enough. This is a shameful proposal th

mocracy and should be respected for all workers who wish to organize.

 </p>
olitical intervention.
 </p>

population. I said that its incorrect that determination since any determination for payments needs approval of t

I state partners to deliver value, access, quality, cost savings, and budget predictability. It is from this vantage po
d. I loved my job again and it meant a lot. I still struggled due to rent and food increases but it was so much bett

oposal to remove 42 C.F.R. 447.10(g)(4), which was added in 2014, and which allows Medicaid payments owed

that any health care worker providing services to me is well trained and fairly compensated. </p>

act of dues payment so onerous, advocates of this policy intend to distract labor organizations and their membe

influence elections (i.e. Political Action Committee).

Unions were born out of the necessity to prevent l

s or a loved one at some point in our lives - I want the security of knowing that they are treated well and can aff

ASON (THAT IS, WITHOUT HAVING TO ESTABLISH "JUST CAUSE" FOR TERMINATION) AND WITHOUT WARNING}.

orkers provide. Shame.

and union dues. Such limitations would threaten the viability of Californias In-Home Supportive Services (IHSS)

ed by the service recipient or surrogate), to expand and, perhaps, retain its membership. Currently, pursuant to
is "representing" them, even if a majority have no idea that they are under that umbrella.
Another issue wi

department recently announced a new regulatory action that is very important for home caregivers in my state a

ght in USA . How come someone support them to continue harmful to the benefit of individual, and our family li

Driving more people out of home care service is this driving more people out of home care service is thi

de-fund unions, and it should not be allowed to stand.

Stand with unions, and strike down th
e to manage their finances, insurance and to be union members and strongly oppose proposal #CMS-2413-P.<b
inating the convenience of payroll deduction creates an unnecessary hardship for home care workers who do no

scenta, California 91214-3831</p>

ychecks for services rendered, not Medicaid payments, unfairly limiting how workers spend their own pay. Elimini

Respect their decision. This proposed rule change must not go through. It must not be adopted. </p>

I expect to catch such appearance of corruption and reverse it, is the Legislature and they too are the beneficiaries of the Quinn decision. For the first several months that I worked as an IP, Union dues was deducted from my pay check.

Efficient in the delivery of home care services and sustaining their viability is of critical importance. I urge caution that

is added ...bigly.

caregivers who are deprived of an estimated \$150 million in Medicaid funds intended to pay for their service to d

unnecessary hardship for home care workers who do not report to a central worksite, who may work at an opposite

Home care providers are overwhelmingly women and people of color who work tirelessly to provide care to clients and refused to leave until they signed a petition. I also heard stories of the union misrepresenting what this pet

investigate the operations of the SEIU and rescind these dishonest practices. </p>

clients) account which costs him \$1,030.00 per year. This money used to go to his care. Family members who are suffering because I have met others who said the same thing. Please help us to investigate this fraud and get our money back. </p>

practices. Please help us to stop getting money taken away without our permission and get the money they have

make them stop. </p>

I have had taken out. I am not the only person who has experienced these issues, I have talked to other people who have been removed myself, but only after enlisting the help of an attorney did it get resolved. Please help us Minnesota

Minnesota Home Health Care workers, I ask that you please investigate these practices and help us get our rights so we can continue having access to peoples paychecks. Please end this practice. </p>

This is a real hardship. This is not right! The union does not listen to us and we need a higher authority to

look into this matter and if you can, help put a stop to this.

assed in every region of the state. Both urban and rural, and GOP and Democratic areas. (2) Also, as a result of tl

talked to my friend about this and she said the same guy visited her. She did not budge and he said something to

t I earned with a say.

Thank you taking the time to read my statement.</p>

out preconditions of forced membership and support for a detested union with a strong partisan political agenda

ay.

It's time for the games to end.</p>

dues out of my paycheck. I told them I never agreed, nor signed anything and wanted it to stop. Long story short

es for our home-care is either a substandard old folks' warehouse--or the street.

You see, over the past

collected dues from the members who were unable to come in during office hours. He also had a savings account
>
So, not only did I suffer, but the person who was supposed to be the direct beneficiary of the Medicaid pr
ft me to believe I could be exempt.

Even to this day with problems to IPONE there is the threat of being
his union is a warm, supportive, well organized organization that works extremely hard to raise the quality of life
st, it's your fault your paid wrong, we don't have a physical location for our Union, Governor doesn't want to pay
o politicians than they will ever be to PCAs. Please stop the unions from taking Medicaid dollars from a program
nd refuse to have my money taken against my will.</p>

ny paychecks.

Since then, though, SEIU 775 has spent as much as \$3.7 million on efforts to prevent Inde
rust that union workers have a right and want to access payroll deductions for their dues.

Also, as impo
and everything. She was like my sister and a true inspiration. Each morning, I would bathe her, get her dressed,

e way it is running now. No more costs, as in this case collecting dues, should be added to burden this program t
ard work and can be very stressful, it is very satisfying work. Being my mothers provider allows her to live safely
her family members were busy, so I took the decision to care for her. It gave me the opportunity to help others ai

I hope you're smart enough to realize that the only rising tide that lifts all boats is the tide of incre
ients should be used for it's intended purpose.
Additionally, the unions that have skimmed hundreds of mill
y, it seems only fair and reasonable to allow states to do the same for Medicaid care workers. I understand that

ion but to be union, found out later that I could opt out of SEIU. I did and asked them to stop contacting me. I sti
ld be held accountable for their actions and unfair dues.

s as they choose. If this rule passes, it could result in lower wages, worse health care, and weaker protections for
rvice. </p>

er caregiver. They provide information, assistance and counsel. Upon reading the summary, I have concerns read
ne with the changes that need to happen for the care of my daughter and for that I have been a part on the unio
her. Previously I worked for a major corporation, making much more money but I had to stop to take care of my

another who has become legally blind in 2005. I had to stop working to fully commit to take care of her.
We be members. I feel good about being an active union member because I know that I am helping to build a strong cor everything rolling the same way when it comes to our fees.
The reason why our union is so strong is because money order or do a check for those types of ways. I feel that if there is change in the deduction process a lot of oughout this whole time such as better benefits and higher wages. The way my voluntary dues are taken out of r ersonal point of view is that is deducting from our check is easier, more productive and beneficial for me as a prc fact together we are stronger, and we are currently advocating and fighting for better wages and other benefits or>
En Wergin
 </p>

d to protect the programs like IHSS any attempt to weaken and destroy our union is an attempt to attack the ho on.
UDW advocates very hard for seniors and people with disabilities so it's very important for all member to n language very well and end-up signing into the union without really understanding. This practice needs to stop

nion dues! Prior to my last class in Raymond, WA, I had to listen to yet another speil to join; this time she public dout of all expenses and percentages of all expenses that our dues are going for. Including Transportation,Hotel

ty by his ex-wife. My husband and I retained power of attorney, remodeled our home, I quit my job of 29 years, i designated to represent individual home care providers. Then as a nonmember, I requested that immediately t

ay hire a homecare worker directly, rather than going through an agency. There is, however, a fiscal intermedian

where taxpayers intend - to those needing care.

providers payment to third parties for benefits such as health insurance, skills training, and other benefits custo

with this smallest of supports - deducting payments for services and benefits that they want and need - seems pe
nk account.

For years, the Service Employees International Union (SEIU) has skimmed money off of Me

ised for recruitment and indoctrination.
 </p>

ociation to thousands of Americans who, in many cases, are contending with the difficult task of caring for an aili

nd labor, CMS has proposed a rule change that would prohibit home health aides paid directly by Medicaid from

n home care workers those who are independent providers and work in Medicaid consumer-directed programs f

s Medicaid payments.

On principle, Medicaid funds should be paid in full to those who need them
and the elderly. Please do not shut down the union.

Sincerely,
Vicky Nguyen
 </p>

middle of the night every night and needs me there for him. Without UDW local 3930 who else has our best int
k you.
 </p>

rove! The quality of my son's life by helping me on six different occasions. I am grateful to them and I am happy
dues to come straight out of my pay check. I strongly oppose the proposal # CMS- 2413-P because its taking awa

g. Also, right now we are bargaining for higher wages. The work that I do is not minimum wage work , eliminatin

convenient for me with my busy schedule.
 </p>

ill be there when I need them. I have enough hardship in my life being a single mother a well. Help keep our due

all finances to fight at the capital for all bills, for a better healthcare and labor laws . Our dues helps pay our law
gram to work with other professionals to help keep the elderly at home. I watched as generally the HHAs were t

erly and/or disabled people below the poverty line being thrown to the wolves. Is that the society that you want

The same would apply to health insurance. The likelihood of those dues not reaching the union as well the paym

at will require surgery. He is no longer able to dress and undress himself, bathe, use the toilet, or ambulate inde

; such as: high levels of carbon dioxide, gout, narcolepsy, severe sleep apnea, diabetes, a crushed lower back, and

are delivered mostly in an isolated workplace or the home. Independent Providers through the IHSS program can on

at their discretion on how to use their meager pay to best advance their interests. The most disturbing aspects c

. I'm thankful that Maine does not allow this skimming scam; however, the practice still remains in eleven states

hington state is one of the highest in the United States, Home Care aides make more because of the advocacy
spectfully request that CMS clarify the following questions as they relate to Medicaid-funded self-directed HCBS.

nd increase wages and benefits, the home healthcare workers field will only be enhanced, which will improve the unionization of care providers. His successor, Gov. Terry Branstad (R) rescinded the previous executive order in 2011. The new bargaining agreement (CBA) that set wages. Every step of the way unions were met with litigation and legislative efforts to strip deductions from certain Medicaid home care providers, singling out this type of deduction despite the fact that neither

by a workforce scattered in tens of thousands of homes throughout the state, since the inception of its consum

s, singling out this type of deduction despite the fact that neither the statute nor regulations mention it. The Lea
nt at the agency to individual workers. This turns what is a nominal cost to the employer into an administrative c

vate goals is of paramount concern.
If the proposed rule prevails, it will not prevent providers from utilizing t
:three months of being her caregiver, I found out about the IHSS program.

Presently, I have two consume
head to toe, she used a bed side toilet, then get her dressed, give her breakfast, clean her bed, change sheets ev

s. On a typical day I do the housecleaning for them, take them to the doctors office and the supermarket. I begar

r Hospital in the business office which sent me to every department in the hospital. Now, I spend most of my da
busy and like to keep myself busy when I help out clients I am 100% there for them. When Im doing my own thin

es around my moms house and cooking. I didnt know about the IHSS program until I took her to a doctors appoi
ffice. There, I was in charge of payroll, as well as other office related procedures.

I joined SEIU Local 201

ults. People like me work very hard and through the union we can advocate for a better and fairer salary.
Jt

:rted from vulnerable people and used by the unions to further their own legislative and political interestsinteres

care for Medicaid patients. This directly reduces patients access to needed medical care. The reason reimburse
being flush with funds. At the end of 2017 SEIU 2015 had more than \$45.4 million in cash on hand and both union
see any requirement that the states campaign for us to have decent wages and working conditions nor do I see a

unions are doing is every bit as criminal as the behavior of the MOB!

t represents them, the Court made the entire public sector workplace a so-called right to work zone and struck d

ated home care agency that contracts with the state to serve Medicaid clients. Most caregivers serving Medicaid

ily decide that they prioritize union membership above their other priorities. As a result, they are often left with

modest pay to a labor union as dues. The concerns that were expressed within our chamber about how unions

posed to the proposed rule on reassignment of Medicaid provider claims.

In-home supportive services

Also from experiences that are closer to home.

My wife is an employee of the Oregon Department of Fis

W. Thompson, President
Thomas Jefferson Institute for Public Policy

 </p>

1, gimmicks, deceptive and political action to keep seizing union dues from the Medicaid payments of thousands

status quo.

For example, SEIU 775 based in Seattle Washington represents home care workers in that st

vision clarifying that states may make deductions from provider payments for costs such as health care and skill:

cently added regulatory exemption, found at 42 CFR 447.10(g)(4), to the direct payment requirements of Sectic

expenses. The list is endless. We have been harassed numerous times about not being members of the union. O

words now call me a freeloader and try to guilt me into supporting them again. My experience is I'm just a number

they do for beneficiaries of Medicaid and so that they can be more aware and consenting to certain deductions

services, including under an assignment or power of attorney or otherwise, except in four specified circumstances

de nuestros ingresos. Nuestras oficinas de radiología altamente reguladas por cuerpo federal como ACR (Colegio A

by Medicare/Medicaid. The insurance companies should not manipulate the funds that are assigned for physician

t the VA turning their back on him.)

Anyways My husband had a spinal stimulator implant that also damaged
re not of a union worker especially for the care and responsibility that requires to provide care for each of these

d better equip them to provide the services necessary for the medicaid recipients to remain safely in their homes:
: their money. You see for the Union to claim it is harming them with this Proposal, they are only thinking of how
o worry about missing a payment. I, sure it could be stated that I could do this through my bank, but why reinvest

on Funds (PACs), as well as union dues.
We believe that if a union wants to enroll members, it should be free
back in JUNE 2011 AND TODAY IS 2018 AND THEY ALSO KNOW THAT I KNOW WHAT THEY DID. my husband was :

members to pay dues or for health insurance automatically from their paychecks, this new rule change oversteps a

liticians.

Vermonters of Health Care Freedom applauds the new proposal by the Centers for Medicare &

s across the nation would be in jeopardy of losing their health coverage. It would be a travesty if these workers,

ult in lower wages, more difficult working conditions, or an increase in discrimination in salaries and hiring process
t is short-sighted to believe that weaker care worker unions will save the Medicaid program money by rendering w
als on wheels and community kitchens which directly keep the elderly out of expensive hospital and hospice care

rocess and completion of a robust analysis of the economic impact of the proposal, as well as its more general in

sts like myself to either leave or consider leaving the island for more fair work conditions on the US mainland. Lil
unions. We estimate that unions may currently collect as much as \$71 million from such assignments.[1]
 <l

age, Alliance members access a provider network of over 5,000 Providers, 15 hospitals, 60 community health cen

edical plans to transfer that money to Beneficiaries and Providers.
Check the annual income statements of

is are deducted once wages have already been allocated to workers. This proposed rule change through CMS eff
l turnover and improved the care relation and the reliability of care services. Stop attacking its union!

rices. That is why states have chosen to engage in collective bargaining with these workers."

I urge you

or>
Home care is one of the fastest growing occupations in the country and yet home care workers make an

oses that are not allowed by Federal statute.

I. The Issue

Government officials have
e Department must afford the public a meaningful opportunity to comment with a comment period that should g
rk rules and statutes and program requirements and needed some outside help in order to get up to speed. Fort
me caregivers and the disabled. As a responsible and active union member and homecare provider, I elect to ha

n institutions. IHSS workers and other homecare workers are predominantly women of color and do important

f Health and Human Services is being used to eviscerate union dues check-off in the public sector.

It is

ries here in PR are struggling with the extremely low payments from these Medicare and Medicaid Advantage co

rnment agency
 can't contradict a law passed by congress, which is exactly what the 2014 regulation did. <b

ous attempt to make workers even more economically vulnerable.

e, no workers compensation, no standard rules on the job, and no paid sick leave. Unionization has reduced turn

caid payments to third-parties like unions.

Based on this information, it seems very clear that the regu
paid for working...I am a caregiver for a Medicaid client.....I support proposal CMS-2413-P. The union is against t
I should, as all free Americans, have the right to participate if I want to, and to have control over my money. It's

itions. The only service unions can provide to these individuals is negotiating the caregiver reimbursement rate i

y serve. This affords clients the freedom to choose their caregiver, remain connected to their community, and co

is mean-spirited, wrong-headed, and its removal will cause harm to home health care workers who have benefit

ble for providers to arrange for payment of dues independent of federal payments if they wish. For these reason

SEIU from having access to my paycheck via any format used to pay caregivers in Washington State.

withhold dues from Medicaid stipend checks that should pay care providers. These individuals often take care of

veiled attack on health care and home care unions, and I view unionization in this sector as a good thing. Home

id to deduct 3.2% of my earnings for dues without my permission. After pursuing litigation and finally making the
expense of the State, circumventing the union altogether. As you might guess, I'm very much not in favor of any u
ig Medicaid funds from home health care providers to unions and their affiliates.
 </p>

:br>
I am a long-time management-side labor lawyer who has bargained with real unions since the 1980s. Bu
aiting lists for those needed services. Many will die before ever receiving the care they need.

Meanwhil

ng involved. But realistically, most care providers are not companies they are loved ones of the patient who don't
hours I need every month. They helped me by making sure I have the hours I need when they were cut. Sonia i

of these providers must be eliminated, including automatic due skimming by states. As unions are fully able to re

o providers, with certain exceptions, yet as CMS notes in its proposed rulemaking, the 2014 regulation is insuffic

r a complex bureaucratic scheme to defeat the law. They are setting up a "Straw Man" IP Manager situation and
cy group fighting for the rights of our kids. And if I didn't know any better, his speech would have been convincin

harassed me by mail and phone about who I was to vote for in elections, local and federal, and which initiatives

efore the deductions stopped, not too mention numerous phone calls.

I support proposal number CMS

cal services specially radiological services will not be possible under the proposed fees which in many cases do not
file.

Kimberly R. Crockett, Esquire
Center of the American Experiment
8441 Wayzata Boulevard

It is totally inappropriate for administrative agencies to bend to the pressure of special interests to use administrative
and raise them ourselves, but we needed some help and use the PCA Choice Medicaid program to assist us. I will

diverting precious Medicaid dollars and undermining the intent of Congress. And it has robbed my family and I

dues and other payroll deductions have been a very valuable part of my financial advancement. Have taken me

who
voted you into office, as well as those who didn't vote you in.
A President's duty, as you know, is to

› paying a union just to care for their own disabled child. It is unfair
that money skimmed from care provide

ate sector employers. As the private sector employer, we contribute to the Trust on behalf of our employees. Th

itical interests, pay executives, and even cover administrative coststhings that have nothing to do with serving pi
excess of funds destined to patients and providers.
 This agenda has caused a continous flow of Physicians r
fusion or miscommunication (or theft) regarding a person's desire to participate in the union program, making n

ands with the hope that you will make justice for our physicians and patients in the Island. Thanks for your attention based on 2016 CMS fees. On top of that the companies try to force new physicians into signing contracts for 90

ment situations, including deductions for union Dues. For CMS to take away this access to payroll deductions, is

ation Proposed Rule, would mean that the government can no longer aid unions in their attempt to skim dues fr

vices.

To force our most altruistic and goodwill citizens to unwillingly subsidize Unions who provide no merit and extensive and detailed investigation of all these companies.

directly helping program recipients should be prohibited to maintain program integrity.
 Dues skimming just

is, medicare o alguna entidad debera intervenir en esta situacin que tanto afecta al medico primario .Trabajamo:

aining, and voluntary union membership.

Home care workers deliver essential care that allows seniors

w funds for themselves...
Advantage plans have also limit provider selection freedom to patient and OPD clir

Mosby</p>

to contact the union to register for any of this training if I am interested in it. However, like I said, most of the t
overnment over workers and working conditions. Decent wages and working conditions - most often compelled

:hey should fund it themselves.

Regarding the payroll deduction of union dues, again the union is forci

elineated in statute.

The federal government spends around \$545 billion annually on the Medicaid pro

h and State are paramount to freedom.

era regulation came after the U.S. Supreme Court case Harris v. Quinn. The ruling consistently denounced the c

at should be sent packing. Anybody backing this hasn't thought it through, or they are just plain cruel and vicious

he agency and the federal agency concern with the implementation of the Providers contract. Otherwise nobody
oint that we offer these comments.

The Centers for Medicare & Medicaid Services (CMS) notes cor
er. Dont take the union or more will be homeless then ever before. We need fair wages and healthcare.

to individual practitioners for whom Medicaid is the primary source of service revenue to be paid to third parties

ers from the good work of improving wages, benefits, and working conditions. Make no mistake, this policy will c

business owners from abusing their employees. No such environment exists between Washington State DSHS and

ord to do the work in the way it needs to be done. This is most assured when they have the freedom to join toge

The Uniform Law Commission estimates that 150,000 to 200,000 employees are wrongfully

program and risk the health of over half a million people with disabilities who rely on this program to live safely

the terms of a collective bargaining agreement (CBA) between the State and AFSCME, independent direct s
ith the unions from this same work experience was that the union is extremely tight lipped about verifying the a

and many others.

Labor unions can and provide valuable services to their members. Just like any other

ives like that. No one really want to help us since then!
Please help us, condemn, stop the SEUI organization
us shooting ourselves in the foot in order to spite Some of our most devoted, giving, and exploited workers.

his rule change.

Tim Katz
tim.katz@yahoo.com
Blackwood St.
Newbury Park, California 913:
r>

Thank you very much for your consideration.

Sara Lamnin
saralamnin@
ot report to a central worksite, may work at an opposite end of their state from union office, or do not have a cr

nating the convenience of payroll deduction creates an unnecessary hardship for home care workers who do not

y of lop-sided union largess. The result is the appearance of corruption in two of the three branches of state gov
ck even though I did not join the union or authorize it. After I learned about the Supreme Courts decision, I cont

at the proposed rule change would have a detrimental impact that could exacerbate existing challenges in recru

isabled Americans. When the federal government permits this diversion of funds, it hinders access to affordable

end of their state from a union office, or do not have a credit card or bank account.

Home ci

nts and loved onesseniors and people with disabilities. The last thing our nations most vulnerable populations ne
tition was, they would say it was a request for more information or sign here if you think PCAs deserve benefits :

o care
for their loved ones do not need paid time off nor do they want it, it is ridiculous.
I know I am not
r money back. </p>

e taken back. </p>

ho say the same thing. They were tricked into signing or someone else
signed their name.
I ask that you
esota Healthcare Workers with the SEIUs unfair practices. </p>

money back. </p>

help.
Please help us!! </p>

he 2014 Supreme Court ruling Harris v Quinn, homecare workers paying union dues are those who have signed a

o the effect of "You must not like being a caregiver!". I later opted out (again) using a form letter saying I do not

3.

I am pro-union. But I also want to breathe free air. I am opposed to any form of compulsory membe

, after many calls, I was told I would lose my healthcare coverage, and not be eligible for healthcare coverage in

: 75 years I've worked both Union and non-union; and by any measure, UNION IS FAR BETTER FOR EVERYONE.As

of union money. He used this money to provide free music to hospitals and nursing homes during the holidays.

rogram also suffered at the hands of a greedy Union, specifically SEIU 775. When it was determined that what th

g terminated if I go over (unknowingly) my allotted hours causing undo stress each time I have to claim the hour

for these workers. An email I got tonight was about finding educational places to take courses for improvement

r you, it's illegal to claim approved overtime, and so on. SEIU charges too much and has no benefits,

that is so important to people with disabilities.</p>

pendent Providers like me from learning of their First Amendment right to resign from the union. The union sue

rtant is the fact that women and people of color comprise the majority of home care workers. I fall into both of

fix her breakfast and feed her. Then I would put her in her wheelchair and she would go to Fashion Valley and s

that supports so many Caregivers, disabled, and elderly people (1 million people in CA). All earnings go right back

r at in her home, enjoying home cooked food, engaging with her family on daily bases and interacting in her com

nd do something and I love volunteering. While I was helping her, someone told me about the IHSS program.

ased union representation. When wages and conditions go up for union members all employers must start trea

lions of dollars from the Medicaid program over the last decade have benefitted greatly from these automatic d

technically the workers are employed by the recipients, but the recipients are often unable to act as employers

ill get phone calls, emails, expensive SEIU shopping catalogs, etc.
 I don't believe the state should be in the r

r home care workers everywhere.

By not allowing members to pay union dues or health insurance auto

ling the effectiveness of the union. I believe the passage of CMS-2413-P will negatively impact his union, thus im

n and an active member. UDW AFSCME 3930 has helped me with training (CPR) and support of wages, overtime,

mother because without me, life would be almost impossible. Ive been a member with the union for 3 years now

been a part of the union since 2012 in San Bernardino County. In 2016 I wasn't a part of the union when I moved to my community.
In closing, I am a very busy person who is caring for others and fighting constantly for our rights for the sake of those members that pay their dues. We are able to receive many services (ex. Food bank, office services for me) but if my co-workers will sometimes forget to send the payment or even many of them will not send them due to our low pay, my pay check is perfect and works for me. I don't have to worry about sending a payment or having to go to my landlord, because I do not have to spend money buying a stamp, check, money order, nor my time to come to the office.
I have the right to spend to spend my earnings and wages as I please. Therefore, I oppose PROPOSAL # CMS-2413-P.

Medicaid programs that so many people with disabilities rely on for survival. The union has also helped me since I don't have to pay (all) their fair share. Please take in consideration the importance of UDW for all us as workers.

Thanks!

Recently accused The Freedom Foundation of lying...and then publicly stated that, in order for SEIU to get what the union wants, etc I SUPPORT PROPOSAL #CMS-2413-P.

and we brought him home.
At this time I was told by the union that to be paid by the State Medicaid system, the state to cease the deduction of union dues or fees from my provider Medicaid payments. I was very fortunate.

agreement between the state and the worker to handle payroll. This model is a key piece of Connecticut's long term care reform.

mary for employees. However, we agree with the agency's concern that 447.10(g)(4) is overly broad, and has be

erty and insupportable.

dicaid checks sent to in-home personal care workers. Many of these people care for relatives or friends and did i

ng loved one. </p>

having their union dues automatically deducted from their paychecks. As with Janus, the goal is to make it less li

from making deductions from their pay for benefits such as healthcare, training, and voluntary union membershi

, not diverted to third party groups like labor unions. Yet adopting CMS-2413-P and repealing 42 CFR 447.10 wo

erest in mind. I believe they do.

Best Regards,
Noah Kirkland
 </p>

that I am part of Union UDW local 3930.

Respectfully, Sergio Maldonado Jr
 </p>

ay our workers rights to spend our money the way we want for what we want.
Proposal # CMS-2413-P isnt ju

g dues would eliminate this right to bargain my wages. Having automatic payroll deductions is convenient for me

is to be taken out at the beginning of the month by automatic deduction. Please don't make us suffer anymore t

veyers to support and help others. Our senior citizens or disabled mentally disabled and children with all disabili
treated as less. ALL WORK HAS DIGNITY. Without a union, the agencies take all the money, and the workers have

t to live in? I know it isn't the one that I want to live in. We are the United States of America! We are supposed to

ent of health insurance premiums are good or better. Union membership will suffer from members not being in {

pendently. My mother, is 75 years old and suffers from ulcers, 2 hernias, severe arthritis pain. She also is unable

d even congestive heart failure. While he tried to take care of himself he was unable to monitor or even comple

ily deliver services in the home. Our employer is our client and the conditions of our work are largely determiner

of this proposal is the fact that it misrepresents the intent of current law to prevent the statutory reassignment p

s, including my Northeast neighbors: Massachusetts, Vermont and Connecticut. Enacting the proposed rule, CMS

of thir representative Union. Unionn advocacy also provide the IPs with easier access to training and informati

We are particularly interested in these clarifications in light of CMSs statement that With regard to section 1915

e quality and availability of home healthcare.

In addition, since Pennsylvania does not currently require

2012 but it is unknown how much dues AFSCME Council 61 was able to collect during that time.

H

ive roadblocks. The CBA expired last year and there seems to be no attempt to negotiate a new one. Although tl

r the statute nor regulations mention it. The Center strongly opposes this NPRM and urges CMS to withdraw it. .

er directed program Washington state has essentially operated directly as the fiscal intermediary on behalf of cli

dership Conference urges CMS to withdraw this proposed rule to protect economic security for the home health
quagmire and very burdensome obligation for represented employees.

The current regulatory text is re

third-party services, it will merely end the practice of directing taxpayer money to special-interest groups that m
ers, the first one has Alzheimers, cancer, incontinence, hypertension. My second client has diabetes, hypertension
every day, clean the kitchen, do laundry, go grocery shopping, buy money order for her to pay her rent and bills. F

n helping a consumer after leaving college.

Prior to being an IHSS provider I taught ESL and English at u

y caring for my consumers.

A typical day consists of getting up at 6am to care and prepare my autistic p

ings and helping the union I work 100%

I am opposed to this automatic deductions rule change. This pro

ntment and the doctor told me I could be paid help care for my mother. Ever since I've been really appreciative t
L5 six months ago because I learned about what being part of a union does for caregivers. I wanted to be a part c

ust recently, we had a big victory. As a union, we won a \$1 per hour increase, and we are going from \$11 per hou

sts that are unrelated to serving providers or care recipients. Instead of being forced to join, caregivers could cho

ment schedules are so low (and dropping) is because Medicaid programs have too little money left after the administrative costs that that year spent a combined \$33 million in lobbying and political activities, not including campaign contributions and other benefit plans described.

Thank you,

Carol Taylor

IHSS Provider

Carol Taylor

down the agency fee statutes of 22 states under the First Amendment. Although it was unwise and unwarranted

-eligible clients are friends or family members of the person they serve. This affords clients the freedom to choo

h no choice over where to spend their limited, needed assistance.

By ending the practice of dues skim

would use these dollars are certainly valid, but as ranking member of our Senate Health and Long Term Care Coi

workers in California provide valuable care to seniors and persons with disabilities who rely on Medicaid for long

ish and Wildlife, and for many years she was required to pay fees to SEIU 503 the same union that represents Me

of other caregivers. The exploitation of families like mine violates caregivers rights, is bad for Medicaid as a pro

ate. As of the most recent state campaign finance reporting period, they are diverting \$175,000 of dues from W

s training without violating the Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the So

on 1902(a)(32) of the Social Security Act, 42 U.S.C. 1396a(a)(32) (hereinafter Section 32).

Thank you fo

our freedoms to pursue our lives and support our son in the most positive way possible has made this a very touc

er that had been used by SEIU775 for what and who they chose to support politically for their own personal gain of their paycheck.

es. The statutory exception for assignments permits an assignment only when made to a governmental agency c

americano de Radiologia) y el FDA aade a nuestras practicas los costos de operacion. Adicional a los contratos de

an reimbursement. I will go back to PR, but only if my financial stability is safe. If something is not done

naged nerves/Thoracic nerves where he did not have any problems there before. He takes Morphine S ER, Perco
special individuals.

As a Union worker for the past 3 years here in Riverside County, I support

s and direct their care.

Further impact of this proposed change: Santa Clara County would be greatly in
w they will lose precious money for them to squander how ever they will.

Home care provide
ent the wheel?

If I dont have IHSS, I and my child would be homeless. We would be homeless because

to do so - but it should not be entitled to enlist the State as the dues collection agent (other than for actual uni
15 min from the job site and got into 3 car crash that left him
with severe spinal damage and head trauma a

workers right to health insurance and their choice to be a union member, and hinders the unions ability to fight

& Medicaid Services to roll back the 2014 Obama-era rule, which provided legal grounds for states to divert

who provide the most vital of personal care services allowing the elderly and disabled to live with dignity in their

sses. Attached is a study detailing how unions help home health workers.

orkers unions less powerful. By working to improve workers compensation, benefits and working conditions, u
e. If hospitals filled up because relatives can not care for elderly family members, the expense would be have to

mpact on Medicaid home and community-based services (HCBS).

Under section 2(b) of Executive Order

ke many specialists who did their fellowships on the US mainland I hold active medical licenses in several US states. I talked directly to hundreds of PCA's and PCA agency heads about their experiences with the SEIU, and the Dntrs, and over 200 pharmacies. Our Alliance Group Care program is an employer-sponsored plan that provides

Medical plans and you will confirm what i am saying. Any help you may call me personally 787-934-4474

actively strips workers of the right to join and support a union. Thank you for your time.

to reject the proposed rule change and to preserve the language and intent of the 2014 clarification. Thank you

average of only \$10.49 an hour. Prior to unionization, they had no health insurance, no workers compensation,

an obligation of stewardship. The ability to extract money through taxation brings with it a weighty responsibility. Generally be at least 60 days. When HHS last changed this rule under the previous administration, the public was unfortunately I live in a state which provides excellent training for these workers. On the other hand, competent over-

ve my union dues deducted through payroll deduction as well. The CMS rule denies my right as a U.S. Citizen to

work that is generally underpaid and under valued. They should have a right to be part of strong unions that care

vital to note that home care is one of the fastest growing occupations in the country but they make an average of

companies. It is about time that these companies focus their expenses on behalf of patients and direct providers.

r>We are asking you to repeal the 2014 regulation so that the union cannot automatically take dues out of the p

lover and improved the care relation and the reliability of care services. That is why states have chosen to engag

lation must be repealed. As a caregiver of a Medicaid client and a taxpayer, I firmly believe that any Medicaid p;
everything I stand for in my life...I want out...
.Linda Murphy
 Provider #761348
only the right thing to do.</p>

in a single collective bargaining agreement with a single public entity once every few years. Despite this, unions t

ontrol the type of care they wish to receive. Additionally, this saves taxpayer dollars by avoiding paying for client

ted from the new regulations and the clients they serve. Workers who serve the disabled and the elderly need to

ns, CMS rules should be updated to protect the integrity of the federal funds states, providers, and ultimately pa

disabled friends and family members.

While the Rio Grande Foundation and a vast majority of its sup

care is one of the fastest growing occupations in the country and yet home care workers make an average of on

ese deductions stop, I can now use all of these limited Medicaid dollars to care for my daughter. None of my sala
union affiliation with any governmental services or agency. My argument would be that when a program is passe

at the SEIU and AFSCMEs role with child care and home care providers is not that of a real union. They are simply
le, unions claiming to represent these caregivers have often without caregivers consents skimmed union dues from

: need or want collective bargaining -- they are focused solely on caring for their beloved.

We urge you
is able to advocate for me because she can easily be part of an organization, UDW, that advocates for us.
 <b

receive funds when states do not automatically collect them, healthcare providers should only be required to pay

iently linked to the exceptions expressly permitted by the statute. The 2014 regulation was an improper use of a

d plan to force me to become an employee of that Manager in order to provide services to my Medicaid client. I
ig. He was emotionally manipulating a room full of over-worked, stressed out parents who only want what is best

I was to to support. I was encouraged to be an activist for SEIU775 against my own moral, religious and political

S-2413-P.

</p>

ot even cover the cost of supplies for providing these services. </p>
'd
Golden Valley, Minnesota 55426
</p>

rative regulation to abrogate federal law. We need to be better than being just a nation of laws, we need to be :
never claim to have earned my wings for the care I help provide but I believe my wife Carol has. Her dedication
tens of thousands of other families who care for a disabled family member of their peace of mind.

Here

out of poverty and is an invaluable service.
As such I do NOT support CMS-2413-P!

their country's citizens. We the people, look to you to ensure a country where we can
pursue and obtain se

ers is used by unions to further their own legislative and pollical interests that have
nothing to do with servi

re contribution rate is based on hours worked by all employees, wether covered or not. The other three-quarter

roviders or the care recipients.

I do hope that this proposed rule will be approved. </p>
nigrating from Puerto Rico to USA in search for better working conditions.Young Doctos are having big obstacles
membership truly voluntary.

tion to this issue!

% of the 'Advantage fee schedule' all the while pocketing the other 10% plus the difference between the current

to desperately treat Providers and an Equal Protection violation. Will CMS next adopt Rules or prohibitions again

on precious Medicaid dollars, intended for the care of our loved ones.
In Rhode Island, about 7500 or so pri

services should be stopped immediately. </p>

t isn't right. Many of these healthcare providers serve a family member or friend from their home. No parent should

s con temor a que otra aseguradora se le ocurra volver a cancelar contratos.
Las aseguradoras manipulan nu

and people with disabilities to live independently at home. They provide much-needed services such as toileting

nics by using capitation models that limits the patient to see the provider who is willing to see a larger number c

training classes are of little to no benefit to me as a caregiver for my brother.

I believe this union is only
by collective bargaining - benefit all of our society, while rules such as this only benefit the already wealthy and

ng the administrative costs of collection and accounting onto the provider agencies. All of these "gifts" to the ui

gram. About \$41.5 billion of Medicaid funds are sent to states through the Home and Community-Based Service

ompelling dues requirement as a scheme especially given unions sharply circumscribed role in this context and

s barbarians.

y has said the way we will proceed with the compliance with these Medicare Regulation of the 20%, which I think concerns that 447.10(g)(4) is overbroad, and we agree. CMS is specifically seeking comments on whether and how

s. In our view, allowing Medicaid funds to be paid to parties outside the original exceptions can lead to diversion

only result in lower wages, more expensive healthcare, and less secure retirement for workers who already lack i

and the people like me that care for their family members. On the contrary DSHS provides a positive, informative,

ether in a union.

Thank you,

Karen Strickland</p>

discharged each year as a result of being employed AT WILL without the protections unions demand for their m

in the community.

The IHSS program is a critical resource in supporting people with disabilities to live :

upport providers may elect to join the Union. Although, as set forth in state statute, these providers are
mount of people that they represent. While I drove across MN to speak with CPAs, I came across dozens and do

monopoly business enterprise, however, unions tend to engage in unsavory practices designed to maximize the

NOW!

I, and, all workers are very appreciate you help!
Thank you so much , CMS!

Huon
·

I support home care workers and their choice to be union members and strongly oppose propos

20</p>

psbcglobal.net
1090 B St. #130
Hayward, California 94541</p>

edit card or bank account.

Home care providers are overwhelmingly women and people of c

t report to a central worksite, may work at an opposite end of their state from union office, or do not have a cre

ernment.

Third, in Washington, we elect our judges and justices. Since it requires little effort to ascer
acted the union and asked them to quit deducting dues. I was not reimbursed for the months I paid.
I supp

iting and retaining a capable and qualified workforce in the Medicaid arena.

Disallowing the right of pai

and effective healthcare and benefits wealthy special interests. This dues skimming abuses Medicaid at the exp

are providers are overwhelmingly women and people of color who work tirelessly to provide care to clients and

eed is an attack on our ability to come together to join a union.

I support home care workers
and more money. I talked to a PCA that his 14-year-old son cornered by a large man and bullied him into signing

the only person who has experienced these issues with this union.
Please, on behalf of all Minnesota Home

please investigate this issue for myself and others I know who are having the same
problem. </p>

a union membership card agreeing to dues payments by paycheck deduction. I believe they should be able to do

want a representative coming to my home.

ership. Many successful organizations are voluntary. My church membership is voluntary. Kiwanis, Rotary, Lions

the future. This is also a lie. Healthcare coverage is a separate issue SEIU 775 has no say in.

it stands, your attack on a vulnerable population of caregivers and their helpless clients is not only economically

The playing members were paid by the union. This act of giving the music lifted many spirits over the years. Its a
ie Unions were doing was illegal, do you think the Union leaders returned the money? NO WAY!!! The Union lea
s I have worked. Yet the union cannot nor will stand up for me.

The union has not nor does it fight for n
t. At times I have visited members in their homes or at their asking them to join the union. These Home Health C

ed Washington's Freedom Foundation multiple times for attempting to educate IPs about their constitutional rig
these categories. This rule would have a disparate impact on all of us. As low wage workers who handle the care
ell Avon all day. We would meet at her home at 5 pm. We would get her ready for bed. I would undress and batl

< into the economy. It very much helps keep the economy moving and keeps lives safe. It is the most important j
community. I know my mother would not be here if it were not for in-home care. At home, I am able to provide her
>I've been a member of the union for 4 years, UDW is very special to me because they help me with everything. T

ting their workers better in order to compete.

I am writing in opposition to proposal # CMS-2
eductions. With automatic deductions, they don't need to be accountable for their actions. There are countless
in the usual sense, nor do they have the control (for instance, over hourly wages) that an actual private employe

ole collector for the union.

" 42 U.S. Code 1396a(a)(32) specifically says requires that payments for ser

omatically from their paychecks, this new rule change threatens a workers right to health coverage and their cho

pacting and hurting my son and other caregivers. In essence, it is designed to attack HC unions without regard of
, and sick time. I am very happy with my union dues coming out of my check. I really dont have time to pay anoth
w and I joined because I needed that extra support that the union offers. It gave me a peace of mind to know tha

in Riverside County. I became a member of the union and I happened to need help and a friend told me to go to this program. It is my right to decide how my dues are deducted, anything else would be burdensome.
 /p
(for members, trainings, etc.) that will disappear if we decide to make members have to do and pay in person. I believe my busy schedules as a home care provider, and due to them not sending the payment will lose our union benefits at the local office and pay for it. I have a very busy schedule due to my IHSS clients and family.
 Our voluntary union dues are paid to the local office to pay for my voluntary union dues and that will make sure I don't fall behind on my payments.
 L
15-2413-P due to the fact that it removes my right to spend my money how I want and for whatever I

I have to quit my job to give my daughter the best care and love that no one else can give or provide. We need to

 Thank you very much for your attention to this letter.
 I really appreciate your understanding and consider

If the union wanted, they normally worked to elect and support politicians who embraced mandatory unions. The union

Now, Union Dues would have to be taken out. I could not work and take care of my son. Needing the income, I became

 e, my letter was received within the 15- day annual window! I was happy, I just wanted the dues to stop! Many

rebalancing effort, which emphasizes keeping people in their homes and avoiding institutionalization whenever p

en taken advantage of by unions to benefit and enrich themselves at the expense of home caregivers and those

not want to join a union. In Minnesota, 27,000 caregivers were unionized after an election in which fewer than 6

likely that workers pay dues in order to defund and defang the union movement.
Barring states from incorpo

ip.

We are deeply troubled this rule is written to target this group of home care workers, approximatel

ould have wide-reaching practical effects as well.

Over the past several years, my office has becom

ust taking away my right to pay my union dues out of my paycheck, it also is stopping me from paying for my hee

e and other workers because it ensures that my payment is made and allows for my Union to continue to be strc

han we should, its our paychecks. We should have that option, not outside forces.
 </p>

ies, here in the state of California. That we all have a fair chance and well taken care of welfare. The union f
e no rights, no benefits. When my dad was 98 we hired an aide through an agency and she was like a sister to me
o take care of our own! I'm not sure who exactly will be reading this letter but I'm guessing that you aren't the
good standing or eliminated from membership completely. With the reduction in memberships, the solvency and

to accomplish her daily tasks such as dressing and undressing, bathing, and requires assistance with her daily liv

ete his daily tasks without help or guidance. During this time, I was working nine to even twelve hours a day follo

d through IHSS program regulations, enacted by the state, but must be honored by the client in their home. Gi\

rovision known as factoring that is, the sale of Medicaid accounts receivable from, for example, a physician, to

§-2413-P, will help protect the integrity of Medicaid and our most vulnerable citizens. Thank you.</p>

on that enhances the care that there residents receive.. It is not a overwhelming amount of dues that are requir

§(c), 1915(i), 1915(j), and 1915(k) authority, this proposed rule will not impact a states ability to perform Financi

With a mandated deduction of dues, I question the veracity of the estimate of \$8 million cited in the footnote of the

HS should issue a letter to the states engaged in dues skimming and tell them they must stop. In addition, feder

he Council has not met and the seats are not filled, it still exists and could be reengaged with a change in politica

 </p>

ent-employers. On the client's behalf Washington directly pays worker wages and related costs, including work

care workforce and to protect the rights of home care workers to join together and advocate for better workin

reasonable and consistent with the the Social Security Act. No employee is negatively impacted by the current pa

ay use the funds to advance goals separate and unrelated to the goals of Medicaid. This practice, currently facili
n, and kidney dysfunction. My client is mental disabled, needs dialysis, and suffers from congenital heart failure, ;
for my sister, I help her to wash her hair, and give her a therapeutic body massage. After that, I help her dress, fi

niversity, junior college, and LAUSD. As a member of SEIU Local 2015 I have won collective bargaining rights, a h

grandson for his day, work at the union, and then later in the day, I care for my grandson again when he leaves,

posed rule change is nothing but a major attack on us all long term care providers, many of whom are women, ;

to be her caregiver.

I dont understand why the federal government wants to take what Ive benefited as
of that fight. Some of the experiences that my union has helped me to change is the ability to get past being shy,

ur to \$12 per hour. I know it doesnt sound like a lot, but it is. For me, this raise is a very big deal. I have more mo

pose to join a union and pay dues on their own if they see that as a beneficial opportunity.

Without this

ministrative and regulatory apparatus takes its first, biggest cut. Payment of healthcare monies to people who do

is.

Three-quarters of California Medicaid care providers are related to their clients and often live with t

or
insideline4me@gmail.com
191 W Verano 204
Sonoma, California 95476</p>

I to overrule Aboud v. Detroit Board of Education, the Court has now made the payment (or nonpayment) of uni

use their caregiver, remain connected to their community, and control the type of care they wish to receive. Add

iming, home healthcare providers will be able to focus on taking care of their friends and family members in need

committee my focus then and now is on what is best for those receiving care.

Our state has made amazing

; term care services in-home. Provision of these services reduces Medicare costs by stabilizing consumers in their

Medicaid-paid caregivers in Oregon even though she was not a union member. Thankfully, the U.S. Supreme Court

gram, and it needs to stop.
I support proposal CMS-2413-P and any other measures necessary to stop state:

Washington State to engage in Montana politics by donating, making expenditures, and supporting election issues

ocial Security Act.

Big Sky 55+ is an organization that advocates for public policies that make a differenc

r your time.</p>

chy subject.

Specifically, 42 U.S. Code 1396a(a)(32) requires that payments for services be made direct

i. Medicaid services should Never have been skimmed out of workers pay checks to support a union! If workers (

or entity or . . . established by or pursuant to the order of a court. 42 U.S.C. 1396a(a)(32)(B)(ii). Notwithstanding

mantenimiento que debe

cet, Dilaudid for 24/7 pain. All night I
t home care workers and

npact
ers are overwhelmingly women and
e the safety net that- the homeless she

onized state employees). It should
ind is a man never missing a day

for home care.

Home care provid

t Medicaid monies intended for home

r own homes, did not have

nions reduce the costs of tur
be paid by the t

13563, Improving Regulation and Regulatory Review, the De

es an
Department of Human Services of M

des low cost comprehensive health care cover

or>
Dr Luis Cumm

1.</p>

no standard rules on the job, no p

ity, to ensure that the money i
given 60 days to comment. Unfortunately, HHS has now chang
sight is often lacking. For these r

have my union dues deducte

n help them advocate for the fair wages and bene

of only \$10.49 an hour. Prio

providers wages as
the law

in collective bargaining with

payments should be p

take a significant po

: care in an institutiona

o be fairly compensated in order to perfo

tients, rely u

porters are NOT residents of

ily \$10.49 an

ary goes

d by law, con

r recipients of unearned dues which
n the Medicaid program. This dues skimming

to ta
or>I am opposed to the rule be

union fees if

agency legal authority, designed to ensu

In this way, they pl
st for thei

beliefs. They pres

a nation u
to our son is totally selfless.<br

is my familys story.

On June 10,

afety

ng provid

's of the Trust a

; to sign contracts,forcing

t fee sched

1st other Employees with pay

ivate home care workers

ould be coerced into paying a

uestra practica. Nos traen listas de gastos que

z, cooking, bathing, dressing and mobility assistance. Their work is

of patients with a lower

ly in

privileged corporate p

nion result in the

s (HCBS) waiver program. The HCBS waiver p

struck down as unconstitutional sta

ik goes over any local

r the proposed removal of 447.10(g)(4) would

n of Medicaid dollars for purposes not contemplated by t

many of these basic workplace p

and supportive environment

members?

On June 28th I sent a letter to Senator Tedisco regarding the

safely in the community. Over

not considered st
zens of addresses where there eith

ir ability to collect dues if left unchecked.
 <b

g Luong

 </p>

al #CMS-2413-P.

Ann

olor who work tirelessly to provide c

dit card or bank account.It also

ertain where a
ort CMS proposal # CMS-2413-P as

rticipation in

ense of the vulnerable individuals who

loved onesseniors and people wi

and their choice to be union membe
his paper. I spoke wit

Health Care Workers, I ask that you to
invest

this if they individually elec

s, VFW, American Legion, and eve

I was

/ stupid, but morally

a good thing to do

ders simply ignored my lette

ny concerns. I

are Workers take care of

hts. At the same time, SEIU 77
e that others cannot or
ne her. Change her diaper and feed

job I have ever done.<br
a nourishing diet, giv
They fight for us and we wor

2413-P. It is an overreach of
docume
er would have. Si

vices be made

ice to be a union member, and hinders the unions abil

the con
ner bill. Its my right to h
it I have people there to support

re union and I began to
>
ieve that we are busy enou
and even up to our medi
in dues are a monthly with no other
Jnited Domestic Worke
want, it harms my union, and it

he union for surviva
ration

representativ

ime a SEIU-775
parent IP providers,

ossible. This model supports independent living and qual

in their care, a violation of the statu

5,000 voted and SEIU received less

rating these kinds o

ly 90 percent of whom are women , and a majority of whom are women

re aware that thousands of Medicaid-paid

alth and dental insurance! u

ong. Also, all members of UDW are p

a. The need for home health care is increasing as the bo

e ominous creature in t

d effectiveness of unions is greatl

in

wed by

ven this power structur

a third party who would

ed in order to maintai

al Managem

notice.<b

al rules can be adopted makin

il power.

While Missouri

2

ing conditions.
 </p>

ypoll deductions. CMS and ta

t
and brain damage from a previous stroke. <
x her a meal, and clean up the kitchen,

health plan, dental and vision. In addition, Iv

I take care of either one of my clients ri

African-American, European, Latino, and white.
This

s a home care worker away f
, and being able to openly speak to p

oney to help pay my rent, to help

; rule, these caregivers

o not provide care is

hem. Since the union

ion dues a First Amendment activity.

In t

itionally, this saves taxp

ed of care and in t

ig progress regarding homecare, but that progress is

r own homes.

The employees who provide th

ts recent decision in Janus v. AFSCME recognized that she ca

s like Washington from taki

in Montana.

for Montanans 55 and older and the lives of futur

tly and in full to

[and tax payers) feel a Public S

Section 32s text, in 2014 the Obam

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Cantwell, Kenya J. \(CMS/CMCS\)](#); [Harris, Melissa L. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Lollar, Ralph F. \(CMS/CMCS\)](#); [Poisal, Kathryn J. \(CMS/CMCS\)](#)
Cc: [Brown, Sharon J. \(CMS/CMCS\)](#); [Sabir, Jeremiah A. \(CMS/CMCS\)](#); [Mikow, Asher S. \(CMS/CMCS\)](#); [Johns, Hamilton J. \(CMS/CMCS\)](#); [Lyles, Tia \(CMS/CMCS\)](#); [Ihrig, Jocelyn B. \(CMS/CMCS\)](#)
Subject: RE: PRR Comment Analysis - 8/3/16 CIB - references to 42 CFR 447.10(g)(4)
Date: Monday, October 15, 2018 1:26:00 PM
Attachments: [080316 HCBS CIB \(3\).pdf](#)

Hey DEH,

(b)(5)

Thank you,

Chris Thompson

Deputy Division Director

Division of Reimbursement & State Financing

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28

Baltimore, MD 21244

Phone: (410)786-4044

Mobile: (b)(6)

Fax: (410) 786-8533

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From: Cantwell, Kenya J. (CMS/CMCS)

Sent: Thursday, October 11, 2018 1:07 PM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>

Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>

Subject: RE: PRR Comment Analysis - NASUAD Comment and Response

How about this?

(b)(5)

(b)(5)

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Thursday, October 11, 2018 10:36 AM
To: Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Lollar, Ralph F. (CMS/CMCS) <Ralph.Lollar@cms.hhs.gov>; Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>
Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>; Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>; Johns, Hamilton J. (CMS/CMCS) <Hamilton.Johns@cms.hhs.gov>; Lyles, Tia (CMS/CMCS) <Tia.Lyles@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>
Subject: PRR Comment Analysis - NASUAD Comment and Response

Please see the revised draft comment and response below:

(b)(5)

Chris Thompson

Deputy Division Director

Division of Reimbursement & State Financing

Center for Medicaid and CHIP Services

Centers for Medicare & Medicaid Services

7500 Security Blvd., Mail Stop S3-14-28

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From: Thompson, Christopher C. (CMS/CMCS)

Sent: Wednesday, October 10, 2018 10:56 AM

To: Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>

Cc: Brown, Sharon J. (CMS/CMCS) <Sharon.Brown@cms.hhs.gov>

Subject: RE: Provider Reassignment paper for OGD review

Hey Melissa and Kenya,

(b)(5)

(b)(5)

Chris Thompson

Deputy Division Director

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CMCS Informational Bulletin

DATE: August 3, 2016

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

SUBJECT: **Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce**

Introduction

This informational bulletin highlights steps available to states, providers, and others to strengthen the home care workforce, the term used in this document to encompass individuals furnishing HCBS, consistent with advancing goals of beneficiary autonomy and self-direction of needed services.

CMS and states are taking important steps to support increased access to high-quality home and community based care. These steps are helping to remedy a longstanding imbalance between institutional and home and community-based care: data for fiscal year 2014 showed that 53 percent of total Medicaid long-term services and supports (LTSS) expenditures were spent on home and community-based services (HCBS), a marked change from 2009 when only 45 percent of LTSS expenditures were on HCBS¹. To continue this progress, CMS and states have moved forward with implementing recent regulations requiring greater community integration, adopting key improvements to managed LTSS, and soliciting public comment on how best to measure access to HCBS. A stable workforce, engaged in the delivery of services and supports that address the needs and preferences of beneficiaries, is a critical element to achieving continued progress.

Workforce Identity

Home care workers may be employed by an agency, such as a home health agency or personal care agency, or may be employed directly by a beneficiary under self-directed service models. Because home care workers often deliver care on site in the homes of beneficiaries receiving services, and travel from home to home independently, home care workers may interact with their professional peers infrequently, which can promote isolation and disengagement, and make professional development challenging.

Establishing an open registry of workers for public use can help strengthen the identity of the workforce and improve beneficiary awareness of available, qualified home care workers. To be most effective, the registry should include individuals who have attained any required educational or training standards (discussed more below), but states can use registries in different

¹ Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014. April 15, 2016.
<https://www.medicare.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/long-term-services-and-supports.html>

ways, including offering it as an option but not requiring beneficiaries to select home care workers from it. Medicaid beneficiaries should be able to access these registries not only to identify workers but to also add workers, including those who are available for service provision under self-directed service models. Self-direction is an important component of the provision of HCBS, and actions taken to promote workforce stability should also support the ability of beneficiaries to exercise autonomy in determining how service provision can best meet their needs. Registry exclusions should align with state law and policy with respect to criminal history. They should also balance safety concerns with respect for the beneficiaries' right to choose a trusted family member or friend. This is particularly relevant in evaluating what training will address the individual needs of the beneficiary, and whether existing state laws regarding previous criminal history may prevent a beneficiary from choosing a trusted family member or friend. Medicaid administrative match is available to states to help fund the development and maintenance of the registry. Guidance on administrative claiming for these functions can be found at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/downloads/qa-training-registry-costs-071015.pdf>

Professional associations or unions can also help support home care worker training and development. For example, they can offer orientation programs for new home care workers on state requirements regarding qualifications, documentation, and billing; training in new requirements or best practices for the current workforce; professional support and career ladder opportunities; peer support; and an organized way to engage in design of the state's home care system. State Medicaid Agencies may, with the consent of the individual practitioner, make a payment on behalf of the practitioner to a third party that provides benefits to the workforce such as health insurance, skills training, and other benefits customary for employees (42 CFR 447.10(g)(4)).

Provider Qualifications and Basic Training

HCBS differs from medical-focused services, a fact that has long been recognized by CMS, states, and other stakeholders. Recognizing the importance of balancing program integrity and self-direction, states frequently establish broad provider qualifications for HCBS provision, although the qualifications can vary depending on the specific service being provided. For services provided primarily in the home, such as personal care services, qualifications can include possession of a valid driver's license, a minimum age threshold, and the receipt of any training required by the state. Some states require basic competency-based training content such as first aid and CPR certification, etc. But such minimum qualification requirements should not restrict the ability of beneficiaries to require individualized training on the specific ways to provide care based on their own needs and preferences. Training can be provided by professional home care associations, training organizations, public Workforce Investment Act programs, or trade unions. In many consumer directed personal care programs, much of the training can also be provided directly by the beneficiary.

Wage Analyses

Access to services is critical to ensuring that individuals get the care they need to live in the community, and wage thresholds help to attract dedicated and engaged workers. CMS has issued several guidance documents articulating how access is to be monitored in both fee for service (in the November 2, 2015 final regulation entitled "Methods for Assuring Access to Covered

Medicaid Services”) and in managed care (in the May 6, 2016 final regulation entitled “Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability”). In response to a Request for Information issued on November 2, 2015, CMS is considering how to develop measures to monitor access to services, including home care, on an ongoing basis. CMS encourages states and providers to be mindful of the relationship between wage sufficiency, workforce health, and access to care. Wages paid to individual workers are often slow to be adjusted in response to inflation and economic growth, and can lag behind wage increases in other health and service sectors. Analyses of how the home care industry relates to the larger marketplace within a state are encouraged when states establish rate-setting methodologies to providers, and when providers determine the wage structure for their employees. This includes taking into account geographic differences in wages within a state. CMS notes that joint-employer relationships addressed in the Department of Labor’s final rule, Application of the Fair Labor Standards Act to Domestic Service, 78 Fed.Reg. 60453 (Oct. 1, 2013), should be kept in mind as states determine what actions to take in the context of wage adequacy.

When developing payment rates for home care services, states should also consider business costs incurred by a provider – whether a home care agency or an individually employed worker – associated with the recruitment, skills training, and retention of qualified workers. Aside from setting appropriate rates generally for this provider group, states have the option to develop tiered rate structures that provide enhanced reimbursement for services rendered by workers who are able to serve beneficiaries with more complex needs or have other advanced skills. For example, the state of Washington used tiered reimbursement rates for personal attendant services authorized under Community First Choice based on the acuity level of the beneficiary receiving services. Similarly, a state may build into its payment rates the provider’s cost of maintaining status as a qualified Medicaid provider, attending Medicaid-specific pre-service orientations or trainings, and post-enrollment training. A provider’s costs for other benefits offered to workers, such as tuition assistance, performance-based bonus payments or higher wages for shiftwork, can also be built into the rate the state pays the provider for the service rendered. For additional information on which costs may be included in developing service rates, states may refer to 45 CFR Part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.”

Related Prior Guidance

Previous guidance on programs for home care workers has been issued as part of efforts of the National Direct Service Workforce Resource Center, created by CMS in 2006. Additional information on this topic, and others such as core competencies, can be found at the following website: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/workforce/workforce-initiative.html>. In August 2013, CMS issued a Toolkit for State Medicaid Agencies titled “Coverage of Direct Service Workforce Continuing Education and Training within Medicaid Policy and Rate Setting”. Aside from providing information on training options, the Toolkit also includes a discussion of how special features of self-directed delivery systems should be taken into account. A goal of the toolkit is to provide a foundation for recognizing and addressing the sometimes disparate needs of beneficiaries, home care workers, provider agencies, professional associations, and others. Training curricula that is developed in partnership with beneficiaries directing their own services instills an understanding of the basic values and skills needed to support these individuals.

As states increasingly turn to managed care to deliver Medicaid-funded HCBS, CMS strengthened approaches to managed long-term services and supports (MLTSS) programs and resulting beneficiary protections in the Medicaid managed care final rule. For example, specific provisions require stakeholder engagement in the design, implementation and oversight of MLTSS programs. The regulation also sets standards to evaluate the adequacy of the network for MLTSS programs and the accessibility of providers to meet the needs of MLTSS enrollees. In addition, states are reminded of their obligations under *Olmstead v. L.C.*, 527 U.S. 581 (1999) and the Americans with Disabilities Act.

States interested in learning more on these topics and to request technical assistance may contact Melissa Harris, Senior Policy Advisor in the Disabled and Elderly Health Programs Group, at melissa.harris@cms.hhs.gov.

From: [Sabir, Jerimiah A. \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: PRR Comment Analysis
Date: Thursday, September 13, 2018 5:06:15 PM
Attachments: [PPR NPRM Comment Tracking Log Final - Jerimiah.xlsx](#)

Hello Chris,

Attached is the updated progress I said I would send by 5pm. I am still working on it and will have more done before I leave today.

Jerimiah A. Sabir

Social Science Research Analyst
Center for Medicare & Medicaid Services (CMS)
Center for Medicaid and CHIP Services (CMCS)
Financial Management Group (FMG)
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E-mail: Jerimiah.Sabir@cms.hhs.gov

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, September 12, 2018 5:19 PM
To: Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: PRR Comment Analysis

Hey Jeremiah,

(b)(5)

(b)(5)

Thank you,

Chris Thompson
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Final # of Posted Comment (Last 4 digits of the Document ID/Pivot Comment)	Attachment?	Author First Name	Author Last Name	Location (State/Province)	Organization
6400	Yes	Nik	Belanger	VA	Virginia Organizing
6729	No	James	Bailey	CA	N/A
2066	No	Brian	Bachelder	WA	N/A
2937	No	Arthur	Schurr	NY	N/A
5924	No	William	Nash	OR	N/A
1611	Yes	Mauru	Healey	MA	N/A
2451	No	Joseph	Mangi	HI	N/A
3008	Yes	Eva	Dominguez	DC	N/A
5576	Yes	Kristina	Bas Hamilton	CA	N/A
5876	No	Vikki	Newport	TN	N/A
6425	No	Roger	Henriksen	CA	N/A
6616	No	Thomas	Little	MI	N/A
829	No	Phil	Le	CA	N/A

Form Letter?	Total # Duplicate Comments	Duplicate matches Pivot Comment?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Impact on Self-Direct Service Models
Y	6	Y	0	1	0
N	4	Y	0	1	0
N	2	Y	0	1	0
N	2	Y	0	1	0
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N	1	Y	0	1	0
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Y	1	Y	0	1	0
N	1	Y	0	1	0
N	1	Y	0	1	0
N	1	Y	0	1	0
Y	10	Y	0	1	0

Special Considerations (if applicable)	Special Codes: Outside Organization/Individual - 1 Provider Advocacy Group - 2 Political- 3
Urges you to withdraw the proposed rule.	1
PLEASE ENTER YOUR Stop Gov. Unions from robbing America's Care Givers!	1
I support home care workers and their right to choose to join together in a Union for a stronger voice in providing the essential care our nation's children, seniors and people with disabilities count on	1
Caregivers need your support	1
Stop the union corruption!	1
I urge HHS to withdraw the Proposed Rule immediately. At a minimum, the period for comments should be extended to 60 days.	1
Gov. Unions stop from robbing America's Care Givers!	1
We urge you to conduct and publish an analysis of these issues before moving ahead to finalize this rule.	1
We oppose the proposal because its underlying intentions are fundamentally political.	1
Hurry and drain the idiots in the swamp.	1
This thievery needs to stop NOW	1
Stop the Union Dues Skimming.	1
Any attempt to weaken our unions is an attempt to attack the home care programs that so many seniors and people with disabilities rely on for survival.	1

Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/Province)
CMS-2018-0090-3038				
CMS-2018-0090-3032				
CMS-2018-0090-5187				
CMS-2018-0090-5203				
CMS-2018-0090-5300				
CMS-2018-0090-5354				
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CMS-2018-0090-2427	No	Lewis	Bybee	MO
CMS-2018-0090-2428	No	Rae	Pritchard	OR
CMS-2018-0090-2429	No	Martha	Stithem	AZ
CMS-2018-0090-2430	No	Michael	Cornwell	MI
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CMS-2018-0090-2433	No	Audrey	Lindeman	GA
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CMS-2018-0090-2452	No	Mike	Wammack	MS
CMS-2018-0090-2453	No	Gigi	Tao	NY
CMS-2018-0090-2455	No	Geraldine	Johnson	TX
CMS-2018-0090-2456	No	Bob	Gillaspie	MO

CMS-2018-0090-2458	No	Gisela	Clifton	AZ
CMS-2018-0090-2459	No	Nelson	Bonning	TN
CMS-2018-0090-2460	No	James	Thomas	AR
CMS-2018-0090-2461	No	David	Bowersox	PA
CMS-2018-0090-2462	No	Janice	Worley	CA
CMS-2018-0090-2463	No	Theresa	Treglia	DE
CMS-2018-0090-2464	No	T	S	OH
CMS-2018-0090-2465	No	Steve	Loewenkamp	CO
CMS-2018-0090-2466	No	Joelle	Craft	WA
CMS-2018-0090-2467	No	Jim	McCoy	NC
CMS-2018-0090-2468	No	David	Morrison	GA
CMS-2018-0090-2471	No	Anthony	Peshell	UT
CMS-2018-0090-2472	No	Joseph	Sarcone	MA
CMS-2018-0090-2474	No	Piers	Woodiff	VA

CMS-2018-0090-2475	No	Denny	Muller	IA
CMS-2018-0090-2476	No	Kris	Curtis	FL
CMS-2018-0090-2477	No	Mike	Oden	TX
CMS-2018-0090-2478	No	Maryellen	Malmborg	FL
CMS-2018-0090-2479	No	Dede	Varnell	AR
CMS-2018-0090-2481	No	Dennis	Davis	FL
CMS-2018-0090-2482	No	Joy	Gallagher	TX
CMS-2018-0090-2483	No	Robert	Sully	OR
CMS-2018-0090-2484	No	Cyndy	Smith	NV
CMS-2018-0090-2485	No	Richard	Metteer	ID
CMS-2018-0090-2486	No	Lorraine	Webster	CA
CMS-2018-0090-2487	No	Paully	Watson	OR

CMS-2018-0090-2488	No	Cecelia	Apodaca	TX
CMS-2018-0090-2489	No	Teresa	Hewitt	VA
CMS-2018-0090-2491	No	Diana	Martin	TX
CMS-2018-0090-2492	No	Andrea	Wargo	AZ
CMS-2018-0090-2493	No	Thomas	Trainor	NJ
CMS-2018-0090-2494	No	Bruce	Neal	OK
CMS-2018-0090-2495	No	Anthony	McPherson	FL
CMS-2018-0090-2496	No	Linda	McCargar	CO

CMS-2018-0090-2497	No	Dale	Price	MD
CMS-2018-0090-2498	No	Dr	Brinkley	CA
CMS-2018-0090-2499	No	Larry	Haun	TX
CMS-2018-0090-2500	No	Sharon	SCHECHTER	NY
CMS-2018-0090-2501	No	Mittelbergf	Bridgman	MI
CMS-2018-0090-2502	No	Nancy	Baughman	NM
CMS-2018-0090-2503	No	Wayne	Underwood	VA

CMS-2018-0090-2507	No	Erasmo	Ayala	FL
CMS-2018-0090-2508	No	Joseph	Gray	AZ
CMS-2018-0090-2509	No	Mark	Thompson	OH
CMS-2018-0090-2510	No	Emma	Mosley	WA
CMS-2018-0090-2511	No	Kevin	Olsen	SD
CMS-2018-0090-2512	No	Michael	malsberger	PA
CMS-2018-0090-2513	No	Galen	Bock	TX
CMS-2018-0090-2514	No	James	Smith	PA

CMS-2018-0090-2516	No	Nadene	Franco	CA
CMS-2018-0090-2517	No	Martin	West	MT
CMS-2018-0090-2518	No	Helen	Harless	NC
CMS-2018-0090-2519	No	Kim	Taylor	UT
CMS-2018-0090-2520	No	Shirley	Milne	FL
CMS-2018-0090-2521	No	Daniel	Shaw	TX
CMS-2018-0090-2522	No	Elizabeth	Swanson	GA
CMS-2018-0090-2524	No	Greg	Hoagland	IL
CMS-2018-0090-2525	No	Linda	Bennett	OH
CMS-2018-0090-2528	No	Ellen	Fluhart	CA
CMS-2018-0090-2529	No	Jeff	Syster	PA
CMS-2018-0090-2530	No			

CMS-2018-0090-2531	No	Tandy	Amburgey	VA
CMS-2018-0090-2532	No	Gary	Day	ID
CMS-2018-0090-2533	No	Barry	Jordan	UT
CMS-2018-0090-2535	No	Adelaid	Rush	AK
CMS-2018-0090-2536	No	Jim	Turic	MO
CMS-2018-0090-2538	No	Susan	Stacey-Hartung	PA
CMS-2018-0090-2539	No	Donna	Leveron	TX
CMS-2018-0090-2540	No	Gail	Stamps	IN
CMS-2018-0090-2541	No	Robert	Marko	MI
CMS-2018-0090-2542	No	Nancy	Lieber	CO

CMS-2018-0090-2543	No	Don	Hank	CA
CMS-2018-0090-2544	No	Carol	Spengler	WA
CMS-2018-0090-2546	No	Russ	Sutton	AZ
CMS-2018-0090-2547	No	margaret	Lynch	CA
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CMS-2018-0090-2554	No	Cathy	Witthoeft	MN
CMS-2018-0090-2556	No	Jim	Best	WA
CMS-2018-0090-2557	No	Donald	Yearly	CO
CMS-2018-0090-2558	No	James	McCormack	OR
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CMS-2018-0090-2560	No	Patricia	Christ	GA
CMS-2018-0090-2561	No	Sally	Hancock	AZ
CMS-2018-0090-2562	No	Dan	kwitter	IN
CMS-2018-0090-2563	No	George	Godfrey	CA

CMS-2018-0090-2564

No

Cressie

Patterson

CA

CMS-2018-0090-2565

No

Theodore

Colunga

CA

CMS-2018-0090-2567

No

Tom

Blackwell

CA

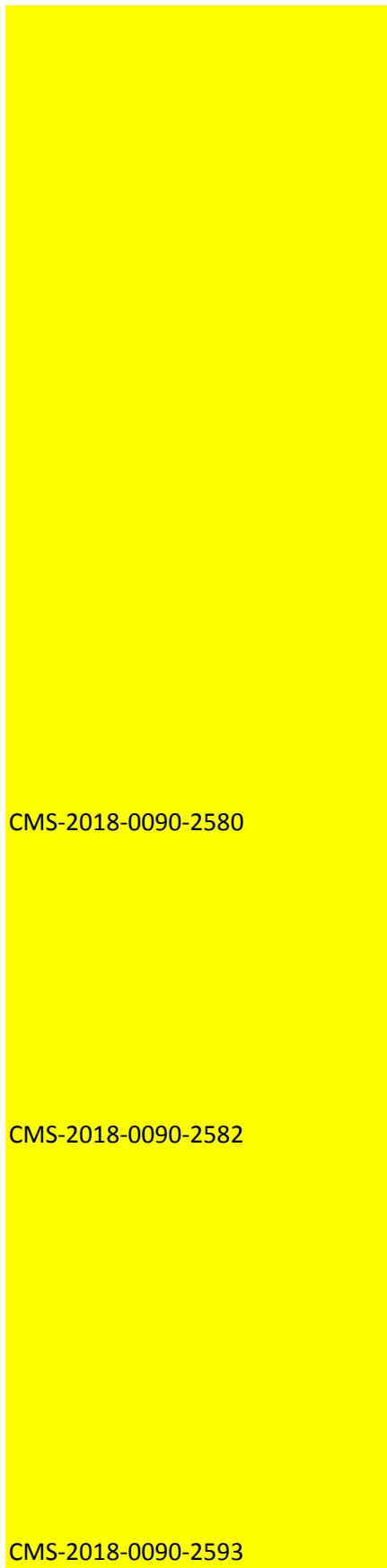
CMS-2018-0090-2568

No

Patricia

Hinckley

WA



CMS-2018-0090-2580

No

Julia

Buck

WA

CMS-2018-0090-2582

No

Robert

Blumenthal

WA

CMS-2018-0090-2593

No

Erin

Thompson

CA

CMS-2018-0090-2598	No	Anthony	Hines	CA
CMS-2018-0090-2605	No	Carol	Ryan	WA
CMS-2018-0090-2614	No	Peter	Nazzal	WA
CMS-2018-0090-2637	No	Jed	Wright	CA
CMS-2018-0090-2688	No	Megan	Davis	WA
CMS-2018-0090-2696	No	Nell	Kroeger	NM

CMS-2018-0090-2705	No	Miguel A	Torres	PR
CMS-2018-0090-2707	No	Christina	Christenson-Rockwell	CA
CMS-2018-0090-2711	No	Linka	Matos	PR
CMS-2018-0090-2719	No	Theresa	Drahman	PR
CMS-2018-0090-2725	No	Anonymous	Anonymous	PR

CMS-2018-0090-2726	No	Lucinda	Stroud	WA
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CMS-2018-0090-2737	No	Elena	Rapanan	WA
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CMS-2018-0090-2742	No	Luz	Mojica	PR
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CMS-2018-0090-2743	No	Enrique	Rivera	PR
CMS-2018-0090-2755	No	John	Haynes	NM

CMS-2018-0090-2756

No

Craig

Norborg

NM

CMS-2018-0090-2757

No

William

Steinberg

NM

CMS-2018-0090-2758

No

Eugene

St. John

WA

CMS-2018-0090-2760

No

Charles

Hkuestis

NM

CMS-2018-0090-2761

No

James

Porter

NM

CMS-2018-0090-2762

No

Patrick

Hughes

IL

CMS-2018-0090-2764

No

Carroll

Riddle

WA

CMS-2018-0090-2765

No

CMS-2018-0090-2766

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CMS-2018-0090-2768

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CMS-2018-0090-2769

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CMS-2018-0090-2770

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CMS-2018-0090-2788

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CMS-2018-0090-2791

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CMS-2018-0090-2792

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CMS-2018-0090-2795

No

Organization	Form Letter?	Total # Comments/ Signatures	Duplicate?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)

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Impact on Self-Direct Service Models	Special Considerations (if applicable)	Special Codes: Outside Organization/Individual - 1 Provider Advocacy Group 2 Political- 3
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Government Unions have got to
stop "robbing" America's care
givers. 1

Government union dues are robbing
America's care givers. Please
support President Trump!! 1

According to public reports.
Government union administrator's
are taking money, that belongs to
medical care services. Please look
into this poor behavior & remedy
this terrible situation. 1

Stop Skimming off caregivers
Medicaid for Union Dues
0 1

The unions are not helping us, they
are helping themselves. 1

Stop taking money from the hands
of the caregivers. How can you
justify union representation of
individuals who care for people? 1

It has come to my attention that
some unions are skimming Medicaid
money and keeping it for
themselves. Please work to prevent
this from happening. From what I
have read, it is around \$200 million
stolen each year. That should be
used to help people in need of
medical care. 1

We need term limits for every
politician at every level. They are
robbing us blind. 1

This is GREED on the part of the
UNIONS. Please stop penalizing
families with this unjust regulation. 1

Stop Gov. Unions from robbing
America's Care Givers! This is not
right 1

PLEASE SUPPORT THE PRESIDENT! 1

Stop union fat cats from stealing
from low wage caregivers! 1

I have recently heard that Unions
are taking Medicaid funds from
healthcare workers. That sounds like
the rich stealing from the little guy
to me! Please eliminate this Obama
0 Era nonsense! 1
Stop the unions from ripping people
0 off! 1
I am writing to ask you to stand with
President Trump and stop the
misguided Obama-era regulation
0 which allows unions to skim dues. 1
Can the government stop making
regulations that hurt normal,
everyday people? Please undo
0 these regulations. 1

HAVE BEEN INFORMED THAT
UNIONS ARE SKIMMING MONIES
FROM HEALTH CARE PROVIDERS. i
0 VERY MUCH PROTEST THIS ACTION. 1
Do all you can to reduce regulation
and let working people keep more
0 of their money for their families. 1
Please do all you can to get rid of
the individual mandate from the Not
0 So Affordable Care Act. 1

First thing that they do is call. Even
on weekends suggesting who we
should vote for. Then there's the
classes we are forced to take before
our birthday. Or we'll be fired not
to mention the dues. Out of our
checks. Not to mention excessive
emails suggesting to take at least
400 more clients. In order to get
better benefits. And perks that is
why I am for CMS 2413 p. There's
also the issue with the checks there
are times that I don't get paid. And it
takes months. Before I receive my
next pay check. Thanks to their new
payment system IPOne.
0 1

It appears as if this administration
wants only slaves in this country
with no real rights to protect
themselves and their families. This
is not only disgraceful, but morally
wrong as well and should not be
0 allowed to happen!!! 1
I strongly support proposal number
CMS-2413-P so I have a choice
which I think this is my very basic
0 rights. 1
0 i support seiu local 775 workers 1

PLEASE reverse many of these
regulations that allow some of these
schemes to steal money from hard
working Americans and waste it all
on non helpful projects that hurt
0 this great country as a whole 1
We need to put a stop to these thug
0 union thieves. 1
MONEY BETTER SPENT ON THE
0 NEEDY THAN THE UNION RATS! 1
Please stop helping the unions from
making the money grabs from the
people to support the Democratic
party!
0 1
I highly urge to rein in government
0 unions. 1

Leftist union bosses are making six
figure salaries and are stealing
money from the people who are
taking care of the sick and elderly. It
is time for Government Unions to
0 stop robbing America's Care Givers. 1
These unions need to be stopped
from their mafia tactics. If they were
so great, people would voluntarily
be paying into them. Enough is
enough! Thanks for your utmost
attention on this matter.
0 1

PLEASE ENTER YOUR COMMENT

HERE stop robbing America's care
givers, we all know unions were

0 good at one time 1

PLEASE STOP THE UNIONS FROM

0 DUES SKIMMING 1

Please, make it illegal for unions to
take money from home health
workers. People who really need
home health workers need Medical
money to go directly to the home
health workers so they can provide
services to this most vulnerable

0 people. 1

Please stand with President Trump
in stopping unions from robbing

0 care givers. 1

0 Why would you let this happen?? 1

Please stop government unions
from taking care givers money. It is

0 not right! 1

Please stop this process where the
government unions can take money
from health care providers. In
addition there is no need for
government unions there are more
than enough laws and regulations

0 that protect them. 1

Urge them to stop dues skimming

0 immediately. 1

UDW abuses their power. I didn't
even know I had signed into UDW
until it was too late. Then they made
it impossible for me to cancel. I do
not recommend people sign up for
UDW, but for those that still choose
to, paying them like a bill for a
service (they never provide) would

0 be more beneficial to the client. 1

Gentlemen:

Now is the time to STOP the
UNIONS from skimming

0 "DUES" out of America care givers!!! 1

Stop dues skimming from home health care providers!	1
0	
Stop the abuse of government union officials from this sickening practice.	1
This illegal practice must stop.	
Please take action to correct this now.	1
PLEASE ENTER YOUR COMMENT HERE Union leaders are corrupt and basically thugs . They serve no purpose any more and they all endorse left wing socialist agendas	
0 with member dues. Kick them out !	1
This looks like SWAMP action to me.	
We need to make more regulations, Mr. Trump! Thanks for all you ALL are doing.	
0	1
stop paying big bucks to government unions from robbing United States Of Americas care givers	
0	1
it's about time to do something about it! ASAP!!!	
0	1
Stop taking union dues from caregivers who have no desire to join a union!	1
Stop union officials from robbing Americas health care givers.	
0	1
Stand with President Trump and stop this crooked Obama-era regulation of dues skimming.	1
Is anyone surprised that this 'loophole' was initiated by the ultimate thug? Unions are one of the banes of this country and the officials are similar to politicians who claim to have the little people's interest at heart when what they really mean is in their pockets.	1

While I have no real way of sorting valid news from fake news, my instincts tell me that when Democrats get in bed with unions, the public gets hammered. Experience has proven to be the 0 greatest teacher!	1
Please stop the unions from taking money designed to help those who 0 cannot help themselves.	1
0 Something needs to be done. Stand with Donald Trump and stop the crooked Obama era tactic of union dues skimming. You continue this you are complicit in these 0 wrongful actions.	1
Please STOP these union officials from taking these large amounts that are supposed to be for the AMERICA'S CARE GIVERS. These people do their best to help with the caring of the elderly and that money is for them ..NOT for these union officials, to just line their pockets. STOP this greed now. 0	1
Stop Unions from robbing America's 0 Care Givers!	1
Please vote for more individual 0 freedom, not compulsion...	1
It is time to stop greed and corruption in the home health care 0 sector.	1
Stop Government Unions from stealing America's health care givers! 0	1
Care givers need all the support they can get Stop giving unions the right 0 to use money the wrong way.	1
Help President Trump stop unions from robbing care givers from their 0 union dues.	1
Please protect the Medical Care 0 folks from being ripped off.	1

PLEASE stop government unions
from taking money, essentially
stealing from those who need it
most, the care givers taking care of
their loved ones. This is an
Obamanation of one of the worst
presidents if not the worst president
0 this country ever had! 1

Please stop unions from taking the
hard earned resources of healthcare
caregivers. The Obama
administration put the regulation in
place that allows unions do this
financial "skimming." The Trump
administration can remove the
0 regulation with the stroke of a pen. 1
Please stop union dew skimming
0 from caregivers 1

As a senior citizen (Born in 1930) I
have seen a lot of changes in the
way things are done. The unions
have done a lot of good as well as a
lot of harm. Compulsory dues
should be outlawed since the union
bosses are the main ones that are
0 benefited and not the workers. 1

Help President Trump stop the
unions from skimming the Medicaid
money stolen from the health care
home care workers. Stop the
0 Obama skimming program. 1
Union Dues should not be allowed
0 for Political purposes. 1
Please support president Trump to
stop government unions from
0 robbing americas care givers. 1

Stop the stealing from the health
0 care givers! Reverse Obahma care!!! 1

Everytime we turn around we hear of another political pay back to special interest groups. It's time we stop the legal corruption within our government. We are reaching unsustainable deficit spending that is a national security issue. Stop the	
0 wasteful spending.	1
0 Stop unions from skimming tactics. this Senior citizen ALARMING	1
0 problem with Union tactics Keep union officials out of workers benefits.	1
0	1
It is wrong that those making a six- figure salary can steal money by those out in the field that can barely	
0 make a living.	1
PLEASE stop giving the union money that should go to health care workers . Support our President	
0 Trump!!	1
STOP UNIONS from shimming money from caregivers , HELP Trump Adimin clean up thieves and	
0 scum that has gotten into our house	1
Please stop the skimming of union dues. This Obama regulation needs	
0 to go!	1
Please reverse the Obama-era rule that allows union leaders to collect dues from home health care professionals who take care of the	
0 elderly and the gravely ill.	1
Please stop the Union skimming	
0 andforcedUnion Membership!	1
My bible says THOU SHALT NOT STEAL, our law says you go to jail	
0 when you steal.	1
0 Please stop union greed.	1
Home health care providers need your help. Stop the unions from	
0 skimming money from them	1

stop government unions from
robbing America's
caregivers,dissolve the federal
0 government unions.! 1

Please Stop the Practice of allowing
the collection of union dues from
Home Healthcare workers, unless
0 they volunteer to be in the Union. 1

Stop the Gov. Unions for crying out
0 loud, from robbing from the elderly. 1

Please stop union dues skimming
0 from health care providers! 1

It's way past time to stop the greedy
unions from robbing America's
0 caregivers. 1

We strongly urge the Department of
Health and Human Services to stand
with President Trump and stop the
egregious Obama-era regulation
known as union dues skimming from
0 Medicare. 1

0 stop stealing taxpayer dollars! 1
please stop home health workers
from having to pay union dues if
0 they dont want to. 1

The Health and Human Services
must immediately STOP helping the
UNION bosses from stealing from
Americas care givers to line their
own pockets, the HHS seems to be
0 in cahoots with the UNION bosses. 1

Please support the Trump
Administrations efforts to cut the
0 skimming of union dues! 1

Please stop these greedy people
0 from robbing Care Givers. 1

Stop the skimming of Medicare and
0 Medicaid by Union Officials. 1

It is unfair
that money skimmed from care
providers is used by unions to
further their own legislative and
political interests that have
nothing to do with serving providers
0 or the care recipients. 1

The will be better able to meet my
needs if their needs are care for
through a union which will
0 help them with their issues. 1

Stop the union bosses from stealing
0 from care givers! 1

PLEASE stand with President Trump
by stopping the government
workers loss of pay by the unions
skimming dues from their
0 paychecks! 1

Please support the President in this
0 matter. 1

NORMAL UNION CROOKS
SKIMMING MONEY AS THEY HAVE
0 DONE YEARS. 1

Unions need to stop being thieves
by skimming off Medicaid. More
liberal shenanigans to make them
0 richer. 1

Please stand with President Trump.
No more skimming dues to line your
0 pockets. Thank you 1

We need to be free to work without
paying some one to allow us to
work. I Not against unions
everybody should join if they desire
0 to do so. 1

Please stop allowing the union
bosses to stop skimming union dues
from our health care professionals.
0 Thank you. 1

0 Stop dues skimming immediately. 1

Stop the unions from taking money
0 from caregivers. 1

No one should be "assigned" to a union or forced into union membership by the government, nor should federal monies intended to help those who help their family member be given to unions who provide NOTHING for those the program is intended to help. Please do away with this atrocious remnant of the despicable Obama	
0 administration.	1
stop forcing non-union healthcare	
0 workers in paying union dues	1
enough money for union bosses give	
0 caregivers their just wages	1
you must stop the Government Unions from robbing the health-care workers, whose salaries are low. These people are a necessity for the	
0 millions of sick and elderly.	1
Please stop the union bosses from pocketing Medicare funds. This is wrong and needs to be stopped	
0	1
0 stop gov from skimming union dues	1
It is time to STOP collecting union dues from honest, hard working people who have conservative Christian morals and values who DO NOT want their hard earned money taken from them, and used to	
0 support DEMOCRATS!!!!	1
0 Skimming is just not right.	1

SADLY UNION OFFICIALS HAVVE
GOTTEN TOO BIG FOR THEIR
BRITCHES. THEY ARE NO BETTER AT
WHAT THEY DO, THEY JUST THINK
THEY ARE & GIVE UNIONS A VERY
BAD NAME. MY FAMILY HAS BEEN
UNION SINCE THE TURN OF THE
20TH CENTURY. OF COURSE THEY
ARE OF THE LITTLE GUYS, NORMAN
UNION WORKERS. GIVE THEM A
BREAK & KEEP YOUR STICKY
FINGERS AWAY, YOU SHOULD BE
HELD AS SHAMEFUL!!!!

0 1

Collecting union dues from home
0 care providers is totally ridiculous 1
End Unions from getting any money
for anything. They are a crooked
0 organization. 1

Modern day unions continue to
illegally extort \$\$ from hard working
American healthcare workers, who
no longer support their self serving
0 cause.. This must be stopped now, 1
Stop the Medicaide Rip-Offs from
the aids who are helping those who
0 need their services. 1
Government Unions need to be
abolished for this and many other
0 reasons! 1

It's time to stop Unions from
exploiting their members by taking
their Medicaid money and using it
for who knows what. It's Your time
to step to the plate and do what is
Right and stop this abuse
NOW.....It's time to bury
0 everything Obama in the cat box..... 1

Please take the steps necessary to
stop the collection for unions when
the health care provider does not
want to pay money to a union.
0 1

Please, do not make care givers pay
union dues. They are underpaid as it
0 is. 1

It is time to STOP Union bosses from
making six-figure salaries by stealing
money from the people who are
taking care of the sick and elderly.
Repeal the Obama-era regulation
that let them do it!
Skimming nearly \$200 MILLION a
year from these home care
0 providers is a crime, STOP them. 1
0 Please eliminate all UNIONS! 1
Stop unions from skimming
0 Medicaid. 1

it's not fair that the unions are
collecting dues from home care
workers. This is purely a way to raise
money for certain political parties
and must be stopped is completely
on American and The Time Is Now
0 for it to end thank you 1

I am asking you to put an end to
union bosses skimming money from
dues-paying employees. Their
money should not be used to line
union bosses pockets, its bad
enough that government employees
even belong to a union. True public
servants would do the work to
support our country, and nobody
0 ever seems to get fired as a result. 1
Unions have taken advantage of
workers for years and years. It is
0 time to STOP this. 1
0 This is not fair. 1
0 PLNeed to stop this practice. 1
Please end dues skimming from
0 Medicaid checks. 1
plrase stop the unions from dues
skimming of the health care
workers. Get rid of OBamas crooked
0 regulation. 1
Stop Gov. Union skimming of our
0 Medicare. 1

It's time to take action on this!	1
0	1
Please stop unions from collecting	
0 dues from health care worker.	1
stop government unions from Robin	
0 care takers of	1
Please stop union dues skimming by	
highly paid union bosses. The	
regulation enacted by the Obama	
administration is thievery. Please	
support President Trump's efforts to	
help hard working health care	
providers keep more of their	
0 money.	1
Stop this union thievery. Stop dues	
0 skimming immediately.	1
0 PLEASE for once listen to US	1
Two years ago, a serious illness	
placed me in a nursing home. If	
their services are needed again,	
expectations are that they will be	
0 there to meet my health needs.	1
Make things right, please. Stop Govt	
0 Unions	1
Union bosses are stealing money	
from home health care providers.	
Instead of helping those who are	
helping families care for their loved	
ones, union fat cats are taking	
chunks of their Medicaid to line	
their pockets by skimming health	
care providers dues. Sadly, President	
Obama enacted the regulation that	
let them do it, and it needs to stop.	
Im asking the Department of Health	
and Human Services to stand with	
President Trump and stop this	
crooked Obama-era regulation.	
0	1
End union practices that take away	
money for health care in order to	
fund the unions and the democratic	
0 party.	1
0 STOP the Unions!!!	1
Please take some action and NOT	
0 just talk.	1

Stop government union's skimming	
0 money from Medicare and Medicaid	1
0 stob robbing Americas care givers.	1
Stop the unions from stealing	
money from the workers. You are	
like the Mafia pay us & we will let	
0 you work!	1
It is long over due to eliminate the	
forced union dues taken from home	
health care providers. No one	
should be forced to pay for	
something they do not believe in or	
0 a member.	1
It is also unethical for any federal	
employee to be doing anything that	
will aid a union. This includes	
computing what was withheld from	
payroll and writing a check to a	
0 union.	1
Keep the unions out of our home	
0 health care.	1
Do Not Get rid of Medicaid or	
Medicare! You will destroy our	
society and those who most need	
0 support.	1
Stop the unions from robbing the	
caregivers,end the Obama era	
0 regulations about healthcare	1
Stand with our President and stop	
0 union dues skimming!	1
Stop the government unions from	
taking money from America's care	
givers. It is an unfair charge and	
0 most are underpaid already.	1
Unions who were once the	
champion of the working class or	
now thieves stealing from America's	
0 Care Givers. This must be stopped!!!	1
please stop this thievery and restore	
true financial accountability.	
Remove the thugs and place people	
0 of sincerity and integrity.	1

The unrepresented thievery must
 0 stop! 1
 Union bosses making six-figure
 salaries are stealing money from the
 people who are taking care of the
 sick and elderly. Please stand with
 President Trump and stop this
 crooked Obama-era regulation of
 0 union dues skimming. Thank you! 1
 Please stop skimming union dues.
 0 Be honest. 1
 0 MAGA, God speed! 1
 0 This is a call for honesty! 1

Stop Gov. Unions from robbing
 America's Care Givers!
 Communist Obama got and order
 through that allows this to happen.
 Please help and repeal all his terrible
 0 laws he implemented and MAGA. 1

Thank you for checking into the
 report that the Gov. Unions are
 scamming the health care providers.
 Also taking action to stop this
 0 horrible scamming of Americans. 1

Just remember we are close to term
 limits so How about we all work
 0 together on this issue! 1
 Im a nurse and I highly object to
 what Mr. Obama did. Please reverse
 0 this absurd law. 1

Stop Gov. Unions from robbing
 Americas Care Givers. These unions
 to me are an embarrassment stop
 0 this. 1

PLEASE Support President Trump in
 cleaning up the corruption from
 union bosses taking money from
 Medicare.
 0 1

Be fair, and stop all the union
 skimming from families in dire need
 0 of their Medicare benefits. 1

<p>Please support the President , stopping the government unions from ripping off the elderly off. They are the ones that need it most. Please please stop them for good!!</p> <p>0</p> <p>Please these crooked people from stealing money from innocent people. Elderly and innocent people truly do deserve to be treated with understanding, compassionate and love! Thanks so much for your time. Teresa</p> <p>0</p> <p>Government union bosses are stealing money from home care people who are supposed to be using that money to care for the sick and elderly. This practice must be stopped! How shameful!</p> <p>0</p> <p>The Constitution guarantees our freedom. Workers MUST NOT be forced to pay \$\$\$\$ in the form of dues to support clearly Democrat lobby organizations!</p> <p>0</p> <p>STOP GOVT. UNIONA FROM ROBBING CARE GIVERS BY BEING PAID EXHORBITANT FEES THEY DID NOTEARN / DO NOT DESERVE.</p> <p>0</p> <p>Please stop the union crooks Stop the skimming dues from the American people!</p> <p>0</p> <p>Please stop Goverment Unions from robbing American care givers. We have helped take care of our parents, it is a hard job, but it is important to honor our parents. Please don't allow those that Don't need the money, to take it out of the funds that can help hard working Americans, care for the elderly.</p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>
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Please stop the Government Unions from stealing from American 0 taxpayers.	1
Stop Government Unions from Dues 0 skimming.	1
It is a simple common sense decision to remove the hand of unions from the pockets of persons who have not chosen to place them as overlords. 0	1
Now you are allowing the Obama Admin. to still control how Unions siphon off \$\$\$ from Medicaid Workers! OMG! WHERE IS YOUR HUMANITY. DO YOUR JOBS. REPRESENT THE HARD WORKING PEOPLE, NOT THE BIG MONEY 0 UNION BOSSES!!!!	1
Stop Gov Unions from robbing America's Care Givers	
Stand with President Trump and stop this crooked Obama-era regulation. Tell them union dues 0 skimming.	1
Stop the thievery! Unions are not doing anything to benefit Care Givers, they are only enriching themselves by taking the Care Givers hard-earned money. 0	1
common sence oversight is needed to keep hard earned money in the pockets of workers versus heavy dipping by supervisors 0	1

Leftist union bosses are stealing money from home health care providers! Help stop this union thievery. I urge you to stop dues skimming immediately. Union bosses making six-figure salaries are stealing money from the people who are taking care of the sick and elderly. Please stand with President Trump and stop this crooked Obama-era regulation.	1
Please end the union practice of collecting dues from private caregivers. This is stealing from those most in need, to give more money and power unions that don't care about their members.	1
Please stand with President Trump and stop Union dues skimming from home care providers.	1
Stop robbing our care takers with union dues.	1
Please stop ALL unions from robbing America's real care givers. This is getting tooooooooooo far out of control.	1
0	1
It is unconscionable to allow unions to loot money from caregivers: this practice should stop.	1
PLEASE STOP GOV. UNIONS FROM ROBBERING AMERICA'S CARE GIVERS. THEY NEED EVERY DOLLAR THEY ARE PAID. THEY GIVE OF THEIR TIME AND EFFORT TO HELP NEEDY PEOPLE. THE PERSON THEY ARE GIVING CARE TO CAN NOT AFFORD TO PAY MORE IF THE UNIONS TAKE MONEY FROM THE CAREGIVER, JUST TO BELONG TO A UNION. UNION BOSSES ARE LIKE GANGSTERS. IT IS TIME TO STOP THEM COLD.	1
0	1
0 Long Live President Trump!	1

Stop taking money from care	
0 givers....shame on you.	1
It's about time these corrupt bums	
we call bureaucrats stopped stealing	
money from the poor and	
0 hardworking poor.	1
 Please stop union bosses from lining	
their pockets even more as they rip	
off people's hard-earned money.	
0	1
Stop dues skimming, the day will	
come when you are in need and it	
won't be there for you. Make a	
difference in the lives of the needy	
and stop the stealing. Please help	
those in need!	
0	1
It is time the Government Unions	
stop skimming from law abiding	
citizens who are trying to help less	
0 fortunates!	1
Union dues at not for lining union	
boss'a pockets.	
0	1
0 Gov't unions should not be allowed.	1
Stop government Unions from	
0 robbing America,s care givers.	1
Stop union bosses from stealing	
from home health care workers!	
Home health is a difficult and	
underpaid job as it is. What right do	
union bosses have to dip into hard	
earned wages of others?	
0	1
Home health care workers should	
not have to pay union dues unless	
they choose to do so. The Obama	
regulation that required they do so	
was highway robbery and should	
immediately be stopped.	
0	1
why are the unions aloud to take	
0 someone elses hard earned money	1
0	1

PLEASE ENTER YOUR COMMENT HERES	
0 STOP THESE GRAVE ROBBERS!!!!!! Union mobsters,goverment mobsters. Seem to work hand in hand strip Americans of their hard earned money.	1
0 . It's time to stop! Please stop the Union bosses from skimming money from dues from America's Care Givers to line there	1
0 own pockets.	1
Unions were good at one time(minus the thugs) now most of the dues go to political parties to further their agendas. Most of them are	
0 corrupt as the democrats. Why are govt. union officials allowed to skim (steal) from America's care givers?]	1
0 It's time to stop union dues skimming. Support President	1
0 Trump's efforts along those lines. Please rescind the rule/law/regulation that allows unions to dip into funds from Medi-	1
0 caid by skimming dues. please help President Trump stop these thieves from taking our hard earned money for taking care of the	1
0 sick, elderly and disabled	1
As so many home health care workers take are of family members they dont actually get paid so how can they be charged union duse for some non existent service	
0 These folks provide a MUCH needed service; don't STEAL from	1
0 them!	1

I am for stopping the union heads from skimming off dues. The men and women work to hard to have this happen to them. Thank you for looking out for them in advance and
0 for your time. 1

I worked for almost 19 years for the State of Washington. in order to have the job - I had to join the union. I thought it was the most ridiculous thing I was required to do! I could have gotten the job without the Union's help! A co-worker told me if it wasn't for the union - she'd be out on the street!!! Well, if she wasn't able to get the job without the union - she should
0 never have gotten the job!!!!L 1

Out health care workers should not be taken from. Stop government unions from robbing them please. Thank you for your consideration.
0 1
Stop dues skimming by unions. It is thievery at its worst, exploiting the
0 vulnerable. 1

I, a tax-paying resident of the U.S., support the proposed rule changing this law to remove the regulatory text at 42 CFR 447.10(g)(4) which allows a state to reassign portions of a providers payment to third parties. I deplore the dues skimming by unions to pad their pockets and deprive those on Medicaid in need of the funding.
0 1
I'm curious, with a 'Il you guys are given in government, why is it necessary to steal from sick people? Aren't you supposed to uphold the public trust?
0 1

Please stop the legislation which is
allowing the union bosses to skim
unjointed dues from home health
0 care givers. It is NOT right! 1
PLStop all union dues from those
that do not want to have dues taken
0 from their checks 1
Robbery, no matter what unions or
the government may call it, is
robbery. I pray justice is done and
you are charged, convicted and
punished. Misuse, misappropriation
of medical monies that belong to
seniors or others is low down,
shows you have no character or
0 ethics. 1
It's time that Unions cannot force
employees to pay their salaries
when they do nothing better for the
employees. America is a place of
0 choice, not forced unionism 1
please stop government unions
from taking funds from senior in
0 home care workers. 1
Please stop these union bosses from
robbing money from the most
needy
0 1
Every Goverment Dept needs to be
audited to find corruption to make
sure our tax dollars are used as
designated not stolen or wasted.
0 Thank you. 1
Stop your skimming schemes once
and for all!!
Quit taking money from people and
try giving it, there is much more joy
0 in that. 1
Unions have been taking tax payer
money for years, now is the time to
0 take them to task on this. 1
I was in almost every union position
during my working days. What is
said in the foregoing is true, very
true. Take action to stop this from
0 happening. 1
0 This is outrageous! 1

I'm writing to encourage you to stop
the Unions from being able to skim
profits from home-healthcare
0 givers. 1

Unions have deceived those they
were intended to serve for too
many years. Union leaders are lining
their own pockets at the expense of
those they are supposed to serve.
Now they are skimming from home
care providers. Rescind the Obama
0 era regulations to stop this action. 1
Start doing what you were
supposedly elected to do and get rid
0 of corruption everywhere 1

Please protect these hard-working
people from the predatory union
which as been resisting all efforts to
share members names to groups
who would educate caregivers the
law that allows them to opt out of
paying union dues. These people
0 need your help. 1

Sufficient in-home health care for seniors is already a growing crisis in the United States, and the proposed new rule would make things worse, not better. People who provide home care are already under-compensated, and you would take away their ability to get health insurance, additional training and to be represented by unions in states that recognize these unions as beneficial. These are workers who already struggle with burnout, a lack of support, and intensely demanding physical and emotional labor. If you deprive home health workers of benefits, America will suffer a worker shortage in a field where demand is growing rapidly with its aging population. Please do not move forward with this rule; it hurts the workers, and, in turn, will hurt our seniors.

1

Please don't prevent the hard working and compassionate home care workers from having a union to protect their jobs. It is incredibly difficult work for relatively low pay, and they are easily taken advantage of. Forming unions will help them to be treated as well as they deserve.

1

As a nonmember, I request that you immediately take the necessary action to cease the deduction of all union dues, fees, and/or political action contributions from my provider payments as required by the U.S. Supreme Court's decision in Harris v. Quinn, 134 S. Ct. 2618 (2014). Please let me know when the deductions will cease.

1

I'm a father of 3 and I aid my mother
yet the dues are taken from my pay
as if I'm doing something wrong It
0 seems like a punishment. 1

Support caregivers and unions.
Allow union members to pay dues
0 through their paychecks. 1

This would harm all private sector
employees who are also in the
Trust. The health care benefit is a
very attractive recruiting tool, in
addition to being a humane benefit
to offer. Without this benefit, or a
weakened version thereof, our
ability to recruit quality caregivers
would be jeopardized. We are at the
beginning of the age wave and need
to increase wages and benefits for
caregivers order to meet the
growing needs of the community.
The unintended consequence of the
proposed language would do the
opposite at the most in opportune
time.
0 1

I am a caretaker for my
grandmother under IHSS and I
support proposal number CMS-2413-
P. This proposal will bring the CMS
into compliance with federal law
0 and the ruling in Harris v. Quinn. 1

It is vital that home care workers be
able to pay Union dues through
their pay checks. Other employees
can do thiswe don't even wonder
about it! So home care workers
0 should be no different. 1

The money skimmed from care
providers is used by the unions to
further their own legislative and
political interests, pay executives,
and even cover administrative
coststhings that have nothing to do
with serving providers or the care
0 recipients. 1

Dear Sir,

Puerto Rico Health Care System is on the verge of a great colapse. Medicaid and Medicare funds are being managed by private for profit insurance companies, that their main objective is capitalization from the huge amount of money destined for patient care and providers payments. For long time providers payments had been based on CMS fee schedule revised

0 annually. 1

The ability for unions to take pay from caregiver checks should be

0 stopped. 1

I'm an interventional pain management and I'm in favor that the fee assign to the provider goes directly to the provider and not to

0 the insurance. 1

I support Proposal number CMS-

0 2413-P. 1

es una medida justa. ya que es el medico quien directamente impacta la salud de sus pacientes. esto ayudara a quitar el stress que implica la inseguridad econmica y se refleje en una atencin medica de calidad como nuestros pacientes de la tercera edad se merecen. Se hace justicia al medico primario con esta

0 medida. 1

I support the right of workers to organize and believe in the power of strong union contracts. I'm concerned by reports that the administration is looking to make it more difficult for workers to contribute dues to the unions working to protect their rights. Workers should be able to continue contributing to their unions via automatic deductions from their paychecks. I think this is particularly essential for home care workers and the unions working on their behalf. 1

I am a sole care provider to my adult disabled son. I am supporting the proposal of CMS-2413-P. 1

It is time that our physicians receive a just remuneration for their work. We were who went to medical school and have the medical knowledge. We are who work day to day with all the dedication to our patients. Also the we are the ones who are exposed to the day to day the risk inherent of the medical profession and not the insurance companies. 1

This is why I implore that action be taken against these for-profit insurance companies. My generation and the generations of physicians that follow really need this, but most importantly, the people of Puerto Rico need their physicians to stay in the island rather than migrate to the mainland US in search of better opportunities. 1
 The rule change is much needed. 1

This "dues skimming" practice is disgusting and should be stopped as this legislation is attempting to do. Medicaid \$\$ should be used to pay for the care of individuals, not redirected to Unions to use for their legislative agenda!!

0

1

We should be trying to change federal policies to prevent a practice called "DUES Skimming" which sucks hundreds of millions of dollars out of taxpayers' pockets and sends them directly to a few powerful

0 unions. I Do Not Support This at all!

1

CMS is wrong to single out Providers by changing this Rule. IF CMS truly believes sub (g) is too broad, then add a provision specifically allowing Providers to voluntarily authorize

0 deductions for union Dues.

1

Please APPROVE this proposed rule change. It is an unnecessary layer of administration of funding that diverts funds from the end-user beneficiary.

0

1

If this money which was skimmed from Medicaid was being returned in some form of health initiative for those who lost said money I

0 wouldn't have a problem.

1

Taxpayer money intended to go to people caring for their sick loved ones was instead shunted off to organizations which often, as in the case of Mr. Janus, did not represent the caregivers' own political interests. It is this injustice which galls me the most. I support the proposed repeal of §447.10(g)(4), but I believe it should be replaced with language that clearly indicates that a distribution of that sort is not permitted.





Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)	Organization
7167	Yes	N/A	N/A	Multiple	Online Petition

Form Letter?	Total Comments/ Signatures	Comment Matches Pivot Comment on Duplicates Tab? (include Pivot Comment Document ID)	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Impact on Self-Direct Service Models
No	7172	Y	1	0	0

Special Considerations (if applicable)

Special Codes:
Outside
Organization/Individual - 1
Provider Advocacy Group 2
Political- 3

Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)	Organization
1441	No	Alexandria	Marquez	AL	N/A
6701	No	David	Doherty	MO	N/A

Form Letter?	Total Comments/ Signatures	Duplicate?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Impact on Self-Direct Service Models
N	1	Y	0	1	0
N	1	Y	1	0	0

Special Considerations (if applicable)

**Special Codes:
Outside
Organization/Individual - 1
Provider Advocacy Group 2
Political- 3**

Exact duplicate of 1425 from same individual	1
Exact duplicate of 6721 from same individual	1

Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)	Organization
--	-------------	----------------------	---------------------	----------------------------------	--------------

5802	No	Dennis	Moore	GA	N/A
------	----	--------	-------	----	-----

6590	No	Gerald	Smith	VA	N/A
------	----	--------	-------	----	-----

Form Letter?	Total Comments/Signatures	Duplicate?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Summary of Comment (if applicable)
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N	1	N	0	0	"Please stop"
---	---	---	---	---	---------------

N	1	N	0	0	"Crooks"
---	---	---	---	---	----------

Justification of Comment Being Out of Scope	Special Considerations (if applicable)	Special Codes: Outside Organization/Individual - 1 Provider Advocacy Group 2 Political- 3
--	---	---

No interpretable comment
(i.e. "Please stop" "crooks")

1

No interpretable comment
(i.e. "Please stop" "crooks")

1

From: [Jensen, Kirsten \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Kirchner, Nancy \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Lollar, Ralph F. \(CMS/CMCS\)](#); [Failla, George P. \(CMS/CMCS\)](#)
Subject: RE: PRR Comments - NASUAD Letter
Date: Wednesday, September 5, 2018 5:03:29 PM
Attachments: [NASUAD Letter - CMS 2413-P - Provider Reimbursement Reassignment.pdf](#)

Also looping Ralph and George for awareness. They may already be aware, it didn't bubble up to us.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, September 5, 2018 5:01 PM
To: Jensen, Kirsten (CMS/CMCS) <Kirsten.Jensen@cms.hhs.gov>; Kirchner, Nancy (CMS/CMCS) <Nancy.Kirchner@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: FW: PRR Comments - NASUAD Letter

FYI

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, September 5, 2018 4:09 PM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Nardone, Michael P. (CMS/CMCS) <Michael.Nardone@cms.hhs.gov>; Deboy, Alissa M. (CMS/CMCS) <alissa.deboy1@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: PRR Comments - NASUAD Letter

Hi Mike, Alissa and Kristin,

Attached is the letter we received from NASUAD.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
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From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, September 5, 2018 10:14 AM
To: Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Comments - NASUAD Letter ***Draft Preamble Language ***

Hey Kenya,

We don't need a quick turnaround on the response. A response by COB 9/14/18 would be perfect!

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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From: Cantwell, Kenya J. (CMS/CMCS)
Sent: Wednesday, September 5, 2018 9:41 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Comments - NASUAD Letter ***Draft Preamble Language ***

How quickly do you need a response from us? I would like to discuss this at our DBC/DLTSS meeting, but we do not meet again until next Wed.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Tuesday, September 4, 2018 5:12 PM
To: Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Comments - NASUAD Letter ***Draft Preamble Language ***

Thank you all for responding. In thinking about the language that will go into the preamble of the final rule. I am thinking it should read similar to the following:

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044

Mobile: (b)(6)
Fax: (410) 786-8533

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From: Harris, Melissa L. (CMS/CMCS)
Sent: Thursday, August 30, 2018 2:20 PM
To: Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Comments - NASUAD Letter

(b)(5)

Melissa Harris
Senior Policy Advisor
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Mail Stop S7-14-26
Baltimore, MD 21244
(p) 410-786-3397
melissa.harris@cms.hhs.gov



Please consider the environment before printing this e-mail.

From: Cantwell, Kenya J. (CMS/CMCS)
Sent: Thursday, August 30, 2018 8:48 AM
To: Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: PRR Comments - NASUAD Letter

(b)(5)

(b)(5)

(b)(5)

I am also interested in Kathy's thoughts on this.

From: Harris, Melissa L. (CMS/CMCS)

Sent: Wednesday, August 29, 2018 3:20 PM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>

Cc: Poisal, Kathryn J. (CMS/CMCS) <Kathryn.Poisal@cms.hhs.gov>; Cantwell, Kenya J. (CMS/CMCS) <Kenya.Cantwell@cms.hhs.gov>; Ihrig, Jocelyn B. (CMS/CMCS) <Jocelyn.Ihrig@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: Re: PRR Comments - NASUAD Letter

(b)(5)

(b)(5)

Sent from my iPhone

On Aug 29, 2018, at 1:35 PM, Thompson, Christopher C. (CMS/CMCS)
<Christopher.Thompson@cms.hhs.gov> wrote:

Hi Melissa, Kathy and Kenya,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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From: Ihrig, Jocelyn B. (CMS/CMCS)

Sent: Wednesday, August 29, 2018 11:07 AM

To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>

Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>

Subject: PRR Comments - NASUAD Letter

Hey Chris,

I found one letter so far from [NASUAD](#). I think that's the entity that was mentioned during clearance.

Thanks,
Jocelyn

<NASUAD Letter - CMS 2413-P - Provider Reimbursement Reassignment.pdf>



1201 15th Street NW
Suite 350
Washington, DC 20005
Phone 202-898-2578
Fax 202-898-2583
www.nasuad.org

August 13, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2413-P
P.O. Box 8016
Baltimore, MD 21244-8016

Re: CMS-2413-P

Dear Administrator Verma:

On behalf of the National Association of States United for Aging and Disabilities (NASUAD), I am submitting comments on the recently proposed regulation entitled Reassignment of Medicaid Provider Claims (CMS-2413-P). NASUAD represents the 56 officially designated state and territorial agencies on aging and disabilities. Each of our members oversees the implementation of the Older Americans Act (OAA), and many also serve as the operating agency in their state for Medicaid waivers and managed long-term services and supports programs that serve older adults and individuals with disabilities. Together with our members, we work to design, improve, and sustain state systems delivering home and community-based services (HCBS) and supports for people who are older or have a disability and for their caregivers.

As you know, the proposed rule would remove regulatory language promulgated in 2014 that added exceptions to the prohibition on reassignment of provider claims. Specifically, the 2014 regulation allowed for payment to a third party, “for benefits such as health insurance, skills training and other benefits customary for employees.”¹ Based on this provision, states have the option to establish payment arrangements with third party entities to assist with group purchasing of insurance, to help with skills training and other professional tasks.

We are concerned that removal of this provision may limit the ability of states to assist with ensuring cost-effective health insurance coverage for service providers or to establish training protocols that improve the quality of HCBS. This would be disruptive to a number of states who have leveraged this provision in efforts to address worker shortages by expanding benefits that can help recruit and retain providers in their HCBS systems. We specifically note that the 2014 regulation established an option that states can elect to implement and is not a requirement. Therefore, we recommend that this provision be retained as a state option and not as a mandate.

¹ 42 CFR §447.10(g)(4)

We also are concerned that the regulation may inadvertently limit the ability of states to ensure that there are appropriate supports for individuals who self-direct their long-term services and supports (LTSS). In many LTSS programs, participants have employer authority, which provides the right to hire and fire staff, set hours, and train the individuals providing care. In a number of cases, individuals can also direct how the money in their LTSS budget is spent through a process known as budget authority. In order to support individuals perform the tasks associated with self-direction, states routinely establish fiscal intermediary services, which can be financed in a number of different ways including through deductions from the participant budgets and provider payments. We recognize that the preamble of the regulation specifically addresses issues of self-direction and that CMS does not intend to limit the ability of participants to exercise employer and budget authority. If CMS does finalize this change, we recommend including language that specifically allows for the option to deduct finance costs associated with self-directed care, including fiscal intermediary services, payroll taxes, and other necessary expenses.

We appreciate the opportunity to comment on this regulation and would be happy to discuss our concerns in more detail. Please feel free to contact Damon Terzaghi of my staff at dterzaghi@nasuad.org with any questions about these comments.

Sincerely,



Martha A. Roherty
Executive Director
NASUAD

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Mikow, Asher S. \(CMS/CMCS\)](#)
Subject: RE: PRR Comments
Date: Thursday, September 13, 2018 12:57:00 PM
Attachments: [HJ Comment Report.xlsx](#)

Hey Asher,

Thank you for chipping in. Attached is Hamilton's comment report.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
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From: Mikow, Asher S. (CMS/CMCS)
Sent: Thursday, September 13, 2018 12:45 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: PRR Comments

Will do!

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Thursday, September 13, 2018 12:43 PM
To: Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>
Subject: RE: PRR Comments

Hey Asher,

Sure, can you review the following comments:

CMS-2018-0090-6518

CMS-2018-0090-6519

CMS-2018-0090-6520
CMS-2018-0090-6521
CMS-2018-0090-6522
CMS-2018-0090-6524
CMS-2018-0090-6527
CMS-2018-0090-6528
CMS-2018-0090-6529
CMS-2018-0090-6531

CMS-2018-0090-6532

CMS-2018-0090-6533
CMS-2018-0090-6535
CMS-2018-0090-6536
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CMS-2018-0090-6540

CMS-2018-0090-6541

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CMS-2018-0090-6591
CMS-2018-0090-6592
CMS-2018-0090-6594
CMS-2018-0090-6595
CMS-2018-0090-6596

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
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From: Mikow, Asher S. (CMS/CMCS)
Sent: Thursday, September 13, 2018 12:28 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: PRR Comments

Hey Chris,

I've finished with all of my comments if you need me to take some of Hamilton's to review.

Thanks,

Asher

Technical Director

The Centers for Medicaid and CHIP Services
Financial Management Group, Division of Reimbursement and State Financing
7500 Security Blvd., Mail Stop S3-14-28, Baltimore MD 21244
Phone 410-786-6191

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Document ID	Name	Address
CMS-2018-0090-6278	Diana Petrossian	(b)(6)
CMS-2018-0090-6279	Joanne Millum	
CMS-2018-0090-6282	Jen Flory	
CMS-2018-0090-6282	Jen Flory	(b)(6)

CMS-2018-0090-6282

Jen Flory

(b)(6)

CMS-2018-0090-6282

Jen Flory

CMS-2018-0090-6282

Jen Flory

CMS-2018-0090-6284

Jeanne Dunn

CMS-2018-0090-6286

Barbara MacAdam

CMS-2018-0090-6287

Robert Schultheis

CMS-2018-0090-6289

Will Lightbourne

(b)(6)

CMS-2018-0090-6289

Will Lightbourne

(b)(6)

CMS-2018-0090-6289

CMS-2018-0090-6290

Will Lightbourne

Stuart .G.Biegel

(b)(6)

CMS-2018-0090-6291

Dwight Scarborough

CMS-2018-0090-6292

Shane Blundell

(b)(6)

CMS-2018-0090-6292

Shane Blundell

(b)(6)

CMS-2018-0090-6292

Shane Blundell

(b)(6)

CMS-2018-0090-6292

Shane Blundell

(b)(6)

CMS-2018-0090-6292

Shane Blundell

(b)(6)

CMS-2018-0090-6292

Shane Blundell

(b)(6)

CMS-2018-0090-6292

Shane Blundell

CMS-2018-0090-6293

Marsha Albertson

CMS-2018-0090-6294

Cherie Compartore

CMS-2018-0090-6294

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Redentor Dinglasan

Pamela Stout

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Sharron Odom-Gorju

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Michael Taylor

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Warren Hall

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CMS-2018-0090-6314 Greg Beals

CMS-2018-0090-6315 David Marney

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CMS-2018-0090-6319 Larry Lanier
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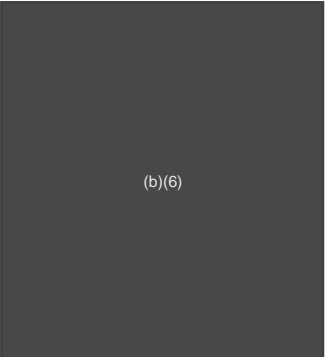
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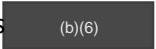
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Kenny Denton

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Dan Murphy
Justin Cherrington
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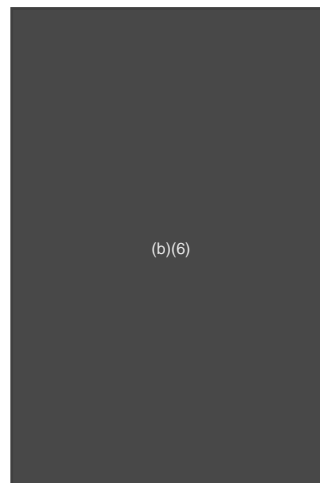
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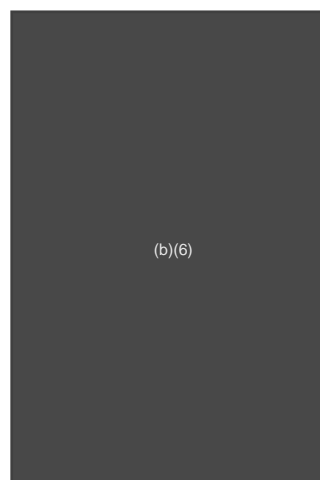
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Patrick Cooney

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Debra Clayton
Clarence Alcon
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Edward Eaton

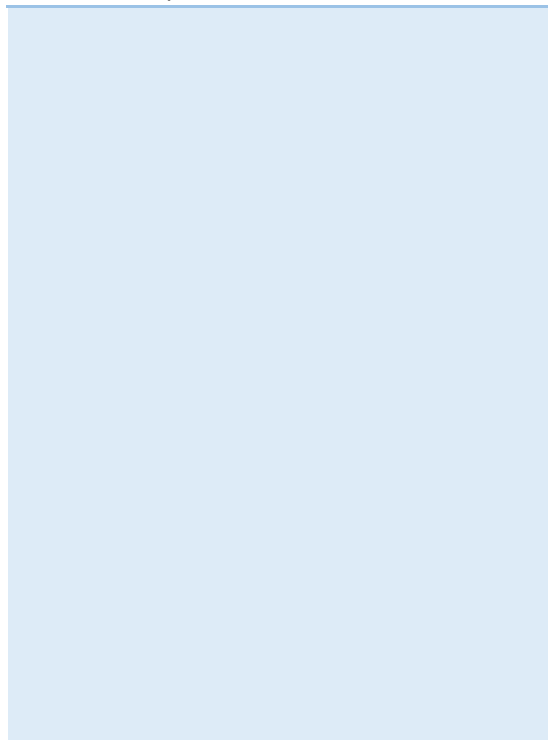
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California Attorney General Xavier
Becerra and California State Controller
Betty T. Yee

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Betty T. Yee

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Betty T. Yee

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Betty T. Yee

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California Attorney General Xavier
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Betty T. Yee

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California Attorney General Xavier
Becerra and California State Controller
Betty T. Yee

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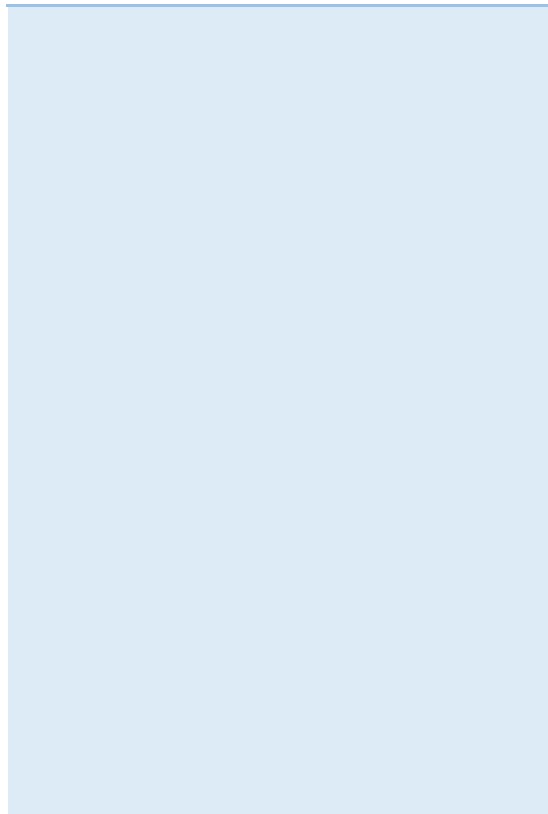
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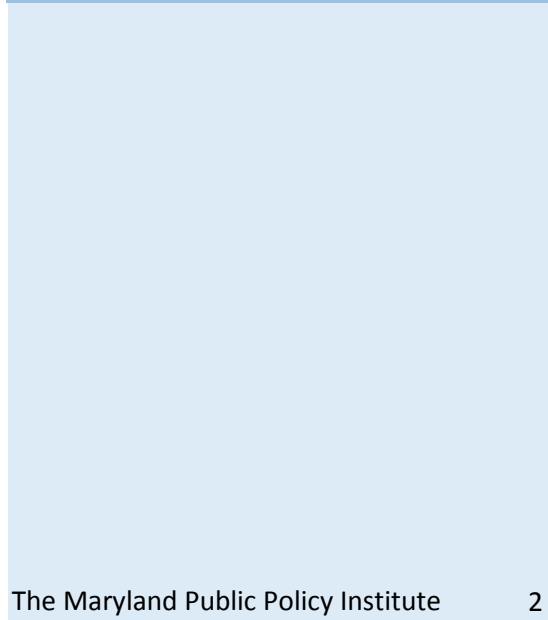
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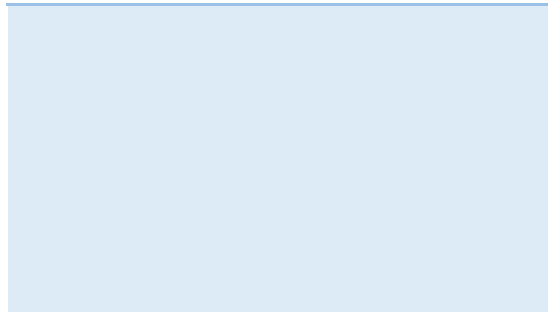
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General Comment

I am a caregiver for a Medicaid client and I support CMS proposal number CMS-2413-P, I do not agree to have union dues to be taken out of my pay automatically.
I had requested to be opt out of the union last year but until now I have not received any response from the representatives, and union dues have been deducted every month from my pay check without my permission.

I agree that taking the state out of the business of collecting union dues is beneficial for me, I want to have more control on my decisions.

Thank you for your consideration,

Diana Petrossian
</p>

Stop this union thievery and end dues skimming immediately.
Protect our Care Givers.

Please see the attached file for comments by Western Center on Law & Poverty.

August 13 20181107 9th Street Suite 700 Sacramento CA 95814T. 916.442.0753F. 916.442.7966Sacramento OfficeMichael E. HeraldDirector of Policy AdvocacyJessica BartholowPolicy AdvocateJen FloryPolicy AdvocateAlexander Sasha HarndenPolicy AdvocateAnya LawlerPolicy AdvocateLinda T. NguyPolicy AdvocateMona TawataoSenior LitigatorThe Honorable Seema Verma Administrator Centers for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413P P.O. Box 8016 Baltimore MD 212448016Submitted electronically at www.regulations.govRE CMS2413P Medicaid Program Reassignment of Medicaid Provider ClaimsDear Ms. VermaWestern Center on Law and Poverty appreciates the opportunity to comment on the proposed changes to the regulations which would repeal a current regulatory provision clarifying that states may make deductions from provider payments for costs such as health care and skills training without violating the Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the Social Security Act published in the Federal Register on July 12 2018. The proposed rules also indicate that CMS will newly apply the prohibition to authorized requests for deduction of union dues payments from certain Medicaid home care providers singling out this type of deduction despite the fact that neither the statute nor regulations mention it. Western Center represents Californias poorest residents on issues of public benefits affordable housing health care and access to justice. Western Center writes this out of concern the impact these proposed regulation will have on the beneficiaries of Medicaid Home and Community Based Services all of whom are low income and the workers providing these services as well most of whom are lowincome.Medicaid Home Community Based Services Programs Are a Key Piece of Title IIs Integration MandateOur states Medicaid program MediCal provides communitybased services through its In Home Supportive Services program to over 550000 MediCal recipients. The InHome Supportive Services program provides inhome assistance to eligible individuals who need significant personal assistance as an alternative to outofhome care and enables recipients to remain safely in their own homes.¹ This program is a vital piece of Californias commitment to Title IIs integration mandate as interpreted by the 1999 Olmstead decision in which the Supreme Court held that individuals must be allowed to remain in the community whenever feasible rather than institutionalized. Were such inhome services not available many MediCal recipients would be forced to move to an institution in order to be safe. Not only does this violate the civil rights of persons who are elderly or disabled it is also a waste of state and federal resources to move people from their homes into institutions. As such we ask that any proposed regulations that affect payments to home care workers be evaluated on the effect that they will have on

access to services including policies that exacerbate existing worker shortages² would violate Title IX. Home Care Worker Organizations Increase the Availability of Home Care Workers. It is no secret that there is a shortage of home care workers. California and most other states have already reported serious or very serious shortages in the home care workforce generally³ and the shortage of workers has affected Medicaid Home and Community Based Services programs as well as the broader market for some time. According to a report by the University of California Berkeley Labor Center, if the homecare industry were expanded to cover all individuals who have a self-care limitation, we estimate that California would need at least 600,000 and as many as 3.2 million additional workers by 2030.⁴ An Institute of Medicine (IOM) report that examined the direct services workforce including home and personal care workers found that a major factor in the deficit of direct care workers is the poor quality of these types of jobs, noting that much more needs to be done to enhance the quality of these jobs in order to create an effective workforce.⁵ The UC Berkeley Labor Center reports that only 40% of homecare workers in California have an employer-provided health plan compared to 69% of all workers. The median annual earnings for homecare workers are less than half of the median for all workers (\$14,000 compared to \$35,000) and homecare workers are more than twice as likely to live in a low-income household as all workers.⁶ Unions play an important role in helping address these issues by raising wages through the collective bargaining process and advocacy to increase Medicaid funding and payment rates as well as providing opportunities for home care workers to share their experiences with each other and creating a mechanism to provide workers with a voice in decisions that affect them. In California, such unions were key in the fight to raise the minimum wage to \$15 an hour by 2020 and to secure the paid sick leave that other California workers enjoy.⁷ In states where home care workers have formed unions, providers employed by home care agencies are able to join a union and collectively bargain with the agency under the federal National Labor Relations Act. The unique structure of the employment situation of home care workers who are individual providers such as those providing direct services to family members means that these workers do not have the same collective bargaining rights as those working for

<https://californiahealthline.org/news/severe-shortage-of-home-health-workers-robsthousands-of-proper-care> 3 PHI and Direct Care Workers Association of North Carolina. The 2007 National Survey of State Initiatives on the Direct Care Workforce (December 2009) p.2. See also <https://californiahealthline.org/news/severe-shortage-of-home-health-workers-robsthousands-of-proper-care> 4 Sarah Thomason and Annette Bernhard, UC Berkeley Center for Labor Research and Education, California's Homecare Crisis: Raising Wages is Key to the Solution at 2 (Nov. 2018), available at <http://laborcenter.berkeley.edu/pdf2017/californias-homecare-crisis.pdf>. 5 Institute of Medicine

home care agencies. Instead a number of states including California have created structures such as a state authority to allow these individual providers to join together in a union allowing these workers to bargain for wages and provide input into discussions of issues that affect them and the consumers they serve. In this case the state is authorized to deduct a portion of a home care workers service payment for dues and any other benefits in the same way that home care agencies make these deductions for workers they employ. Following the U.S. Supreme Courts 2014 decision in Harris v. Quinn states may deduct dues only for independent providers who are union members. The ability for home care workers to make dues deductions thus provides an important measure of parity with agency home care and other institutional direct care workers who provide similar or identical services and states adoption of these structures is part of a larger set of policies to remedy the historically unjust treatment of this particular group of workers. In proposing to now apply a Medicaid payment rule that was never intended to apply to this group of workers⁸ CMS seeks to exploit the unique employment and payment structure of home care providers to reverse the progress that has been made and to once again relegate these providers to secondplace status. In so doing it risks harming not only the workers but also the consumers who depend on them. As families are unable to afford having a family member stay home and care for another family member more Medicaid recipients will be moved out of their homes and into institutions.CMSs Regulatory Impact Analysis is InsufficientCMS has not provided an analysis of the direct dollar impact of the regulation as required by the longaccepted procedures outlined by the 1993 Executive Order 12866.⁹ The proposed rule also lacks any discussion of the broader impact of the rule particularly on the civil rights of the beneficiaries themselves. Additionally given the important role of unions in raising standards for the home care workforce it stands to reason that curtailing the ability of workers to participate in unions through application of the reassignment prohibition will have an adverse impact on them. A full analysis of economic impact would also consider the effect of workers leaving paid work to care for family members because no provider is available due to increased worker shortages or of the cost of institutionalizing Medicaid beneficiaries. Finally the proposed rule represents an attack on a specific group of workers. In California the overwhelming majority of homecare workers are women and 72.7 percent are workers of color with Latinos comprising the largest raceethnicity group.¹⁰ We urge you to conduct and publish an analysis of these issues before moving ahead to finalize this rule.Apart from the substance of the proposal we are also troubled by the process that led to this proposed rule. We know of no state Medicaid program that has requested this change nor do we understand why CMS is proposing an action that completely reverses previous policy and that the agency days allowing little time for the hundreds of thousands of workers who will be affected by it to provide input. We urge you to withdraw this rule for the reasons described above. Should you have any questions regarding these comments please contact me at 9162825141 or jflorywclp.org.Sincerely

Please create legislation to stop government unions from taking unfairly from American care givers. Thank you.

Please reverse the ability of unions to skim money from medicare/Medicaid payments. It should be unlawful.

Stop the government unions. No need for them anymore.
They have become a corrupt lobbying arm of the

See attached file

ilCOSSWILL LIGHTBOURNEDIRECTORSTATE OF CAUFORNIAHEALTHAND HUMAN SERVICES AGENCYDEPARTMENT OF SOCIAL SERVICES744 P Street Sacramento CA 95814 www.cdss.ca.govEDMUND G. BROWN

JR.GOVERNORAUGUST 13 2018Submitted electronically via httpwww.regulations.govCenters for Medicare Medicaid Services Department of Health and Human ServicesAttention CMS2413PRE Comments on the proposed rule entitled Medicaid Program Reassignment of Medicaid Provider Claims (83 Fed. Reg. 32252 July 12 2018 RIN 0938AT61)Thank you for the opportunity to comment on the proposed federal regulatory action related to a states ability to make payments to third parties on behalf of an individual provider for expenses such as health insurance skills training and other benefits.The California Department of Social Services (COSS) in conjunction with the California Department of Health Care Services as the single state Medicaid agency operates the nations largest Medicaid home and communitybased program providing a vast array of essential personal care and protective services. This program is known as InHome Supportive Services (IHSS). IHSS became a Medicaid benefit in 1993. It is a key feature of our leadership in achieving the federal Centers for Medicare and Medicaid Services (CMS) longstanding goal of spending more than 50 percent of Medicaid long term care funding on care within the home and community rather than relying on more costly institutional care settings. Our program is consumerdirected and approximately 550000 people receive services through their employment of roughly 500000 providers. These consumers select hire direct the work and hours of work and fire their provider(s) of care.To achieve better service and provider stability among other goals the wages paid to these providers are collectively bargained between counties and the providers that work in those counties. The State itself performs administrative payroll functions on behalf of all consumers based on time sheets signed twice per month by providers and consumers under penalty of perjury. Payroll functions have been performed by the State on behalf of consumers since the original nonMedicaid inception of the program in 1974 due to the complicated rules for payroll functions and economies of scale in processing and issuance. State payroll functions include scanning and validating time sheets resolving errors issuing paper checks or making direct deposits and

Centers for Medicare Medicaid Services Department of Health and Human Services Page Twoefficiencies derived from performing these functions particularly deducting health insurance premiums and employmentrelated costs on behalf of providers contributes in a significant way to the maintenance of a robust and available caregiver workforce for Medicaid beneficiaries in furtherance of promoting access to care in home and communitybased settings.COSS believes that the proposed rule will unnecessarily increase the amount of administrative burden and cost on consumers providers and our broader health care delivery system. For example many counties in California offer IHSS providers the option to enroll in local health care coverage through their communitybased notfor profit health plans. To the extent that this rule prohibits the ability of providers to elect to have their premiums paid through their paycheck health plans will have to establish a significant administrative structure to bill account and enroll thousands of individuals on a monthly basis. Allowing employees the ability to pay for their share of health coverage through a paycheck deduction is how the vast majority of Americans with employerbased health insurance currently operate. This proposed rule would remove that ability for a population of employed Californians.CMS promulgated rules in 2014 to clarify that the practice of benefit deductions on behalf of certain Medicaid providers was permissible under federal law. CMS determined that explicit permission to deduct union dues was helpful for some states asking thal question this fact is supported by public comments filed at that time. In fact the deduction of union dues and health insurance premiums on behalf of recipient employers has been a longstanding practice that predates the 2014 regulatory action taken by CMS. COSS therefore believes the federal description of the intended impact of the proposed rule to be factually inaccurate. Based on the significant policy and operational benefits gained through third party assignment on behalf of inhome providers and the lack of any meaningful legal authority for Please stop this madness. You know this is wrong so do the right thing. Thank you

Pouring child care \$\$\$ into union coffers using the mandate of government law is not only unfair, its un-American.
Stop it now!</p>

See attached file(s)

MAURA HEALEY ATTORNEY GENERAL THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL ONE ASHBURTON PLACE BOSTON MASSACHUSETTS 02108 (617) 727-2200 www.mass.gov August 13, 2018 SUBMITTED ELECTRONICALLY TO <http://www.regulations.gov> The Honorable Seema Veerma Administrator Centers for Medicare & Medicaid Services U.S. Department of Health & Human Services Attention CMS-2413-PP-O. Box 8016 Baltimore MD 21244-8016 Re: Medicaid Program Reassignment of Medicaid Provider Claims File Code CMS-2413-PD

Dear Administrator Verma: I write to request that the Department of Health and Human Services (HHS) withdraw the Proposed Rule issued on July 12, 2018 entitled Medicaid Program Reassignment of Medicaid Provider Claims. As mentioned in my July 23, 2018 letter to Secretary Azar, the Proposed Rule would potentially alter the way in which payments are made to tens of thousands of personal care attendants (PCAs) in Massachusetts and millions more across the country. The Commonwealth of Massachusetts permits unionizing by these workers hired by individual plan benefit recipients to provide personal care services. Among other things, the Proposed Rule may impair the Commonwealth's ability to deduct payments for collectively bargained benefits including authorized union dues. I submit this comment in strong opposition to the Proposed Rule as it is not only unnecessary but it threatens the Commonwealth's system that has enhanced the quality of care to 32,000 MassHealth plan members (consumers) and the working conditions and training for more than 40,000 PCAs. As the text of the Proposed Rule and associated regulatory material make plain, HHS lacks information to support such a dramatic change in its regulations. In fact, HHS admits that it does not know what the economic impact will be and has sought a variety of information during the comment period to ascertain the real-world effects. Seemingly at odds with the need for so much new information, HHS is looking to rush this Proposed Rule. It is not supported by the legal arguments advanced by HHS. Moreover, the current rule meets its objective of ensuring that better trained, higher quality and long-tenured workers are available to serve as PCAs. There is no need for a change.

Overview of the Massachusetts PCA Program: States may provide coverage for PCA services generally through two payment models: (1) agency-directed where a qualified agency acts as the PCA employer or (2) self-directed where the consumer has decision-making authority over the services provided. Massachusetts has elected to make PCA services available to MassHealth consumers through the Massachusetts Personal Care Attendant program that uses the self-directed model. 130 C.M.R. 422.00 et seq. Under this program, the consumer acts as a statutory employer. See e.g., Centers for Medicare and Medicaid Services (CMS) Division of Long Term Services and Supports, "115 Disabled and Elderly Health Programs Group Center for Medicaid and CHIP Services, Increasing Fiscal Protections for Personal Care Services at 5.1. Each MassHealth consumer is deemed an employer fully responsible for recruiting, hiring, scheduling, training, time keeping, and terminating their PCAs. 130 C.M.R. 422.420. Roughly 40,000 PCAs in Massachusetts provide a range of services to approximately 32,000 consumers living at home. These critical services must be prescribed by the consumer's doctor or nurse practitioner and may include help with medications, bathing and grooming, dressing, exercises, eating and toileting. Section 422.410(A). PCAs also assist consumers with daily household tasks such as laundry, shopping, cooking, and housekeeping, and they may accompany consumers to medical appointments. Section 422.410(B). Consumers are assisted by fiscal intermediaries as well as personal care management agencies who oversee the working relationship between PCA service providers and the consumers. Section 422.419. The fiscal intermediary is responsible for issuing checks for PCAs equal to the PCA wage component of the PCA rate with appropriate taxes withheld and other applicable required withholdings. Section 422.419(B)(12) and for paying unemployment insurance taxes, purchasing workers compensation insurance, and preparing the PCA payroll. Section 422.402. MassHealth pays fiscal intermediaries contractual administrative fees for these services. Section 422.411(C). Since 2006, Massachusetts PCAs are deemed to be public employees for collective bargaining purposes under M.G.L. c. 150E and for payroll deductions for union dues, fees, insurance, and other employee benefit as permitted by M.G.L. c. 180, 17A, 17G, and 171. See M.G.L. c. 118E, 73(b) (added by St. 2012 c. 224, 131 formerly St. 2006 c. 268). At the same time, the Massachusetts Personal Care Attendant Quality Home Care

(the Council) was established within the Executive Office of Health and Human Services M.G.L. c. 118E 7175 (added by St. 2012 c. 224 131 formerly St. 2006 c. 268) to ensure the quality of long-term in home personal care by recruiting training and stabilizing the work force of personal care attendants. M.G.L. c. 118E 71(a). Among other things the Council acts on behalf of MassHealth consumers as the employers' representative to collectively bargain with Massachusetts PCAs. In 2007 PCAs in Massachusetts voted to elect 1199SEIU United Healthcare Workers East to be their exclusive bargaining representative and their first collective bargaining agreement with the Council was executed in 2009. Under the Agreement MassHealth consumers retain the right to hire supervise manage and terminate PCAs from their service. The Agreement also provides that each PCA who chooses to become a Union member shall have union dues deducted from his or her wages in addition to other permissible withholdings for taxes and insurance referenced above.² The Legal Position Adopted in the Proposed Rule is Unsupported The Proposed Rule fails to take into consideration that the Congressional purpose in banning service providers from assigning their right to payment to third parties was to prevent providers from selling their entitlement at discounted rates to factoring agents a widespread practice that Congress determined encouraged inflated and fraudulent claims. Consistent with the purpose of the assignment ban Congress created a number of exceptions to this prohibition including allowing States to pay a service provider through a fiscal intermediary. With certain exceptions relevant here Title XIX of the Social Security Act (Medicaid) 42 U.S.C. 1396a(32) requires that a State plan for medical assistance must...provide that no payment under the plan for any care or service provided to an individual shall be made to anyone other than such individual or the person or institution providing such care or service under an assignment or power of attorney or otherwise....³ See also 42 C.F.R. 447.10(h) (Prohibition of payment to factors. Payment for any service furnished to a beneficiary by a provider may not be made to or through a factor either directly or by power of attorney.). It is well established that this reassignment ban was intended to prevent physicians and other healthcare providers from transferring their entitlement to payment from a state to third parties at discounted rates a practice commonly known as factoring of Medicaid accounts.² See the parties initial collective bargaining agreement at 3 available at <https://www.google.com/url?sa=t&ct=j&esrc=sourceweb&cd=2&h=UKEwU 2ouU 887cA hXxIO AKHZCqAnAQFjAAegQIARACurl https3A2F2Fwww .mas s.gov2Ffiles2Fdocument s2F20172F122F272Fpcacontact.Jt fusgAOvVawl wNbWTwmYZLvnR fjGpLHI3> Section 1902(a)(32) was added by

receivables because it was believed to encourage inflated and fraudulent charges. See e.g. *In re Missionary Baptist Found. of Am. Inc.* 796 F.2d 752 757 n.6. (5th Cir. 1986) *Danvers Pathology Assoc. Inc. v. Atkins* 757 F.2d 427 42831 (1st Cir. 1985) (Breyer J.) (citing H.R. Rep. No. 393 95th Cong. 1st Sess. 48 reprinted in 1977 U.S. Code Cong. Admin. News 3039 3051 H.R. Rep. No. 231 92d Cong. 2d Sess. reprinted in 1972 U.S. Code Cong. Admin. News 4989 5090) *Michael Reese Physicians Surgeons SC v. Quern* 606 F.2d 732 73435 (7th Cir.1979) adopted en bane 625 F.2d 764 (7th Cir.1980) cert. denied 449 U.S.1079 (1981) *Transitional Serv. of New Yorkfor Long Island Inc. v. New York State Office of Mental Health* 91 F. Supp. 3d 438443 (E.D.N.Y. 2015). See also 95th Cong. 1st Sess. 123 Cong. Rec. Vol. 123 at 31769 (Sept. 30 1977) (describing addition of the use of a power of attorney to ban on factoring an angements).⁴Notwithstanding the reassignment ban to prohibit factoring Section 1396a(32)(B)(ii) permits a State to make payment to a providers agentif (but only if) such agent does so pursuant to an agency agreement under which the compensation to be paid to the agent for his services for or in connection with the billing or collection of payments due such person or institution under the plan is umelated (directly or indirectly) to the amount of such payments or the billings therefor and is not dependent upon the actual collection of any such payment....Similarly 42 C.F.R. 447.10(f) exempts paymentsmade to a business agent such as a billing service or an accounting firm that furnishes statements and receives payments in the name of the provider if the agents compensation for this service is (1) Related to the cost of processing the billing (2) Not related on a percentage or other basis to the amount that is billed or collected and (3) Not dependent upon the collection of the payment.⁵CMSs basis for the addition of the cmTent rule 42 C.F.R. 447.10(g)(4) was in recognition that the Medicaid program is the primary or only source of payment for many PCAs and as some States sought to improve and stabilize the workforce by offering health and welfare⁴[AMERICAN
OVERSIGHT](https://www.gpo.gov/fdsys/searchsearch.act ionsr2orig ina1Search220 ctober112c 197722 fraud ulen tactivities st220 ctober112c I 9 7722fraudulent activitiesps 1O na accodenav publishdateh ierse CRECBfalse 1977falsesbre timeFrarne dateBrowsegovAuthBrowsecollectio nh ist orica lfalse5 CMS itself has recommended that Fiscal Management Services (FMS) should oversee selfdirection programs to curb opportunities for fraud waste and abuse. Increasing Fiscal Protections for Personal Care Services szpra at 13. Internal Revenue Service rules expressly permit this type of payment arrangement through an authorized fiscal inte1media1y acting on behalf of a home care recipientemployers behalf for purposes of FICA FUTA and income tax withholdings. 26</p>
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benefits to such practitioners several requested adoption of additional exemptions to expressly permit them to make withholdings from payments due to individual practitioners for health and welfare benefits and other benefits customary for employees and to directly pay those amounts to third parties. 77 Fed. Reg. 26362 2638182 9293 (May 3 2012). While acknowledging that 42 U.S.C. 1396a(32) does not expressly provide for additional exemptions CMS explained that the particular circumstances at issue here were not contemplated and therefore the assignment ban should not apply since its application would be inconsistent with the purpose of the ban i.e. to prohibit factoring arrangements. 77 Fed. Reg. at 26382. The Proposed Rule Unnecessarily Threatens Efficient Payroll Processing by Fiscal Intermediaries that Benefits PCAs and Consumers Alike In Massachusetts fiscal intermediaries have helped MassHealth consumers by processing payroll for their PCA employees since the late 1990s. Fiscal intermediaries have routinely made authorized payroll deductions from the wages of PCAs for taxes and insurance premiums and since 2009 for union dues as well. Such payroll deductions facilitate the administrative process by which a PCA who voluntarily chooses to join the union may authorize payment of membership dues. The collective bargaining agreement between the Council and 1199SEIU specifically provides for such payroll deductions for union dues and the Agreement has resulted in marked improvements in the provision of personal care services benefitting PCAs and consumers alike in Massachusetts. MassHealth consumers rely on personal care services to help them with daily living activities. In order to continue to live safely and with dignity in their own homes consumers need a continuum of high quality professional personal care services which can only be provided by a strong and stable pool of PCAs. Collective bargaining has led to better wages and more training which has resulted in a more stable and standardized PCA workforce. Consumers served by the PCA program have found that unionization has increased the availability of PCAs and they have benefitted by corresponding improvement in the quality of care PCAs provide. Since 2009 PCAs have seen a steady rise in their wages. In July 2018 PCAs in Massachusetts became the first in the nation to receive a 15 per hour wage. Higher wage rates as provided through collective bargaining have helped to secure a stable welltrained group of PCAs for consumers to hire so that they are not left in the lurch if they require more care or when a replacement PCA is needed. And PCAs have enjoyed greater access to training and education under their collective bargaining agreement. PCAs now have access to orientation upon hire and to attend classes to upgrade their skills. 1199SEIU's trainings for PCAs have increased the baseline knowledge that all consumers can expect when they hire PCAs who in turn are better prepared to serve the needs of the consumers as they continue to provide services. These improvements have increased the professionalization of The work of a PCA can be challenging with varied or limited hours and in direct competition with less demanding work with more stable hours and similar pay. If the Proposed Rule is adopted it may undermine the success achieved in the Massachusetts program which has improved the quality and quantity of PCAs available to meet the myriad and changing needs of consumers. The proposed change may create serious unintended consequences including consumers defaulting into nursing homes when they are unable to find adequate professional help. For all the reasons stated above I oppose the adoption of the Proposed Rule and I strongly urge HHS to withdraw the Proposed Rule immediately. Maura Healey Attorney General of Massachusetts Please stop the government unions from taking money from the caretakers of the elderly.

See attached letter

August 13 2018Centers for Medicare and Medicaid Services Department of Health and Human ServicesL.A.CareAttention CMS2413PSent Via <http://www.regulations.gov>RE Medicaid Program Reassignment of Medicaid Provider Claims file code CMS 2413PL.A. Care Health Plan is an independent public agency established by ordinance by the Los Angeles County Board of Supervisors to provide health care coverage to Los Angeles County residents. L.A. Care is the nations largest publicly operated health plan serving approximately 2.2 million enrollees including Medicaid Cal MediConnect (MedicareMedicaid Duals Demonstration) Exchange (Covered California) and In Home Supportive Services (IHSS) home care providers. L.A. Cares mission is to provide access to quality health care for Los Angeles Countys vulnerable and lowincome communities and residents and to support the safety net required to achieve that purpose.This letter contains comments on the potential impact that CMS2413P Medicaid Program Reassignment of Medicaid Provider Claims (Proposed Rule) may have on the health care coverage programs for Los Angeles IHSS workers.In collaboration with Los Angeles County L.A. Care offers the Homecare Workers Health Care Plan comprehensive health care coverage tailored for IHSS workers. There are currently 50000 IHSS workers receiving health care coverage in Los Angeles County. The IHSS workers are the backbone of this important support system for those in our communities that are most vulnerable. The IHSS program workers provides vital services to aged blind or disabled individuals to that they may remain safely at home IHSS workers are an important part of the caregiver team for this vulnerable population.If it is determined that the proposed rule impacts healthcare deductions and considers the assignments the change would negatively impact the IHSS workers and the ability for L.A. Care to deliver cost efficient comprehensive healthcare coverage to those workers. If the IHSS workers are not able to directly remit payments towards their healthcare via automatic deduction unnecessary burden will be placed on them as well as L.A. Care. Instead L.A. Care would have to bill each IHSS worker for their portion of their health care premium which would require a substantial change to the way the program is currently administered. L.A. Care1055 W. 7th Street 10th Aoor Los Angeles CA 90017T 213.694.1250F 213.623.8606lacare.orgA public entity serving Los Angeles

estimates that it would cost 2.00 per member per month (pmpm) to directly bill for the workers share of their premium amounting to approximately one million dollars a year in administrative costs alone.Additionally monthly billing would create a much higher rate of churn due to theL.A.Care E L f ff P L Nhurdles the IHSS worker would have to face on a monthly basis. RequiringOtl of reoccurring affirmation of continued participation in the health plan rather than allowing approved automatic deductions from payroll is bureaucratic stumbling block designed to trap people so they lose their health care. On top of the increased complications from having to pay a monthly premium the IHSS worker could also lose premium dollars that the employer was contributing to the health care costs which would also decrease the number of workers with health coverage.We are extremely concerned that the proposed rule could effectively disallow such trusts in California and thus eliminate affordable group health plan coverage for IHSS workers.California has made great strides in recent years to decrease the states uninsured rate and presently the state stands at a historically low 6.8 remaining uninsured rate. Based on the foregoing we strongly urge that you withdraw this proposed rule change. Thank you for your consideration of our comments.SincerelyCherie L. CompartoreSenior Director Government AffairsL.A. Care Health Plan1055 W 7th Street 10th floor Los Angeles CA 90017 I T 213.694.1250 I F 213.623.8606 I lacare.orgA public entity serving Los Angeles CountyELEVATINGHEALTHCAREIN LOS ANGELES

First of all the public sector has no business unionizing.

Stop this crock union bosses now.

Please stop the unions from skimming funds that should go to the caregivers.

See attached file(s)

Centers for Medicare Medicaid Services
Department of Health and Human Services
Attention CMS2413PP.O. Box
8016 Baltimore MD 212448016 Re File code CMS2413P
Comments submitted electronically at
www.regulations.gov Dear Secretary Azar and Administrator Verma
As a 12 year resident of Minnesota I strongly support and urge you to finalize the proposed rule entitled Medicaid Program Reassignment of Medicaid Provider Claims. Removing 42 C.F.R. 447.10(g)(4) a recently created exception to Medicaid's requirement that providers must be paid directly for the services they render will greatly improve our ability to manage and administer our Medicaid program and help ensure that precious Medicaid funds are used for the purpose for which they are intended the benefit of Medicaid beneficiaries. Specifically removal of 447.10(g)(4) will prevent government employee unions and some state officials from citing this provision as a justification for using automatic payroll deductions to siphon Medicaid subsidy payments from Minnesotas family child care providers to unions. I will briefly give the example of my states saga allowing Medicaid funds to be used for union dues since the Minnesota experience illustrates the larger issue. In 2011 Minnesotas governor issued an executive order telling the Minnesota Bureau of Mediation Services to conduct mailin elections among independent Medicaidsubsidized homebased family child care providers with the goal of establishing the American Federation of State County and Municipal Employees Council 5 (AFSCME) and the Service Employees International Union bargaining. The governors issued his order in response to a request by AFSCME and SEIU both of which were major supporters of his campaign and later his successful efforts in a postelection recount. A group of 11 providers sued to block the executive order from taking effect leading a Minnesota district judge in 2012 to permanently enjoin the elections. The judge ruled the governor exceeded his authority when he issued the order. (Swanson v. Dayton Minn. Dist. Ct. No. 62CV119535 (2012)). The Minnesota Legislature also passed a bill that explicitly prohibited the state from deducting union dues or fees from caregiver payments which the governor vetoed. (HF 1766 SF 1766 Legis. Sess. 87 (20112012) <https://www.leg.state.mn.us> (last accessed August 12 2018))The following year a newly elected legislature narrowly enacted legislation designating independent Medicaidsubsidized family child care providers as state employees solely for the purposes of collective bargaining. The governor promptly signed the bill into law. The statute required fiscal intermediaries to deduct union fees from caregivers subsidy payments. It also directed the Minnesota Department of Human Services to compile a list of all family child care providers in the state and to make the list available to unions. The statute did not confer access to the list to any other group it excluded even those who would help inform caregivers of their rights. Finally the law also directed the department to implement mandatory provider orientation programs. (2013 Minn. Laws ch. 128 SF 778 <https://www.leg.state.mn.us> (last accessed August 12 2018))SEIU Healthcare Minnesota became the exclusive representative of Minnesotas family child care providers through a mailin election in which only 5872 of 26977 (21.8 percent) of providers participated. Of those who voted 3453 or

entered into a collective bargaining agreement with the State and that CBA placed substantial administrative responsibility for implementing the agreement on the states approximately 400 fiscal intermediaries including fee authorization and collection. In addition the CBA required intermediaries to provide lists of caregivers names and addresses to the union each pay period and obliged them to distribute union membership applications and informational materials at mandatory provider orientations. The CBA also obligated the state to contribute 250000 in funding for a training and orientation committee for voluntary training programs and required orientation programs. A subsequent CBA committed the state to provide over 3 million to the committee. (Maxford Nelsen Freedom Foundation Getting Organized at Home Why Allowing States to Siphon Medicaid Funds to Unions Harms Caregivers and Compromises Program Integrity July 2018 <https://www.freedomfoundation.com/wp-content/uploads/2018/07/GettingOrganizedatHome.pdf> (last visited August 8 2018))Complying with obligations under the CBA was a challenge for many financial intermediaries who received complaints from providers claiming they did not authorize anyone to deduct union dues from their checks. This prompted SEIU to file a grievance against the state with the Minnesota Bureau of Mediation Services. The human services department sent notices to the intermediaries about their obligations under the CBA but ultimately it needed to stop payments to approximately 40 of them because of noncompliance with the CBA. (Id.)In 2017 SEIU sent a solicitation mailing to providers urging them to sign union membership forms. Inhome family child care providers who sign the form agree to allow the state to deduct union dues of 3 percent automatically renews each year and is irrevocable but for a 15day period approximately 4 to 6 weeks before providers individual annual renewal dates.Independent Medicaidsubsidized homebased family child care providers have tried to decertify the union but they have been stymied by procedural and logistical hurdles. The state initially gave the providers outdated lists that included numerous fake addresses fake names and people who have never been PCAs. The state has admitted that it has not maintained an accurate list of family child care providers and the poor quality of the lists have raised concerns about the legitimacy of the certification election. (Id.)In addition the process has been plagued by allegations of fraud. Inhome family child care providers have signed affidavits stating that union dues were being deducted from their subsidies without their consent with one affidavit claiming that the caregivers signature had been forged while others have alleged that SEIU forged their signatures on ballots during the original certification effort. (Id.) From 2015 through 2017 the SEIU received an estimated 8539941 in dues from automatic deductions from Medicaid payments owed to independent inhome family child care providers. (Id.) It is difficult to know what if any benefits caregivers have received in exchange for the funds that have been taken from them. Removing 42 C.F.R. 447.10(g)(4) will make schemes such as that which I have described far more difficult to accomplish. Finally paying unions with Medicaid funds intended for providers violates the Medicaid law. According to Social Security Act 1902(a)(32) Medicaid provider payments must be paid directly to the providers who earn them. The statute includes a small number of very specific exceptions to this rule. It does not however give the secretary authority to add 447.10(g)(4). That section was illegitimately issued providing another reason why HHS should rescind this regulation as you have proposed.Sincerely YoursJohn LaPlanteSt. Paul Minnesota

Caring for an invalid or terminally ill person is extremely exhausting & stressful on a family caregiver! Trying to find the money to hire a caregiver for occasional relief is already very expensive without unions getting involved to make it even more so

PLEASE ENTER YOUR COMMENT HEREplease stop the skimming of the union dues and robbing people of their health care. Remember what goes around comes around. One reaps what he sows.

Help to clean up Congress. These "perks" by Congress and their large supporters are simply not fair. They steal money from those who need it most

Please end unions from using medical funds to their use

PLEASE YOUR COMMENT HERE
Stop the unions from coursing money from people that do not believe in

Their cause...

I want Government Unions to stop robbing Americas Care Givers! It is unfortunate that you even think to do such a thing!

Stop union theft.

See attached file(s)

Centers for Medicare Medicaid Services Department of Health and Human Services ATTN CMS2413PP.O. Box 8016Baltimore MD 212448016Lorelei SalasCommissioner42 Broadway 8th FloorNew York NY 10004Dial 311(212NEWYORK)nyc.govconsumersAugust 13 2018Re File Code CMS2413P U.S. Department of Health and Human Services Medicaid Program Reassignment of Medical Provider ClaimsDear Secretary AzarThe New York City Department of Consumer Affairs (DCA) submits these comments to the United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) in opposition to its proposal to remove 42 C.F.R. 447.10(g)(4) from the Rules implementing 1902(a)(32) of the Social Security Act (the Proposed Rule). By eliminating this subsection the Proposed Rule would effectively eliminate the ability of home care workers to make voluntary contributions from their paychecks for benefits customary to employees including health insurance and union membership. As explained in more detail below the Proposed Rule would undermine the financial and employment security of thousands of home care workers across the United States by making it more difficult for them to access healthcare and obtain workplace protections through collective bargaining. As such DCA strongly opposes its adoption and implementation.Home care workers are a critical and growing part of our national economy yet they remain a vulnerable and exploited workforce. They work long and emotionally trying days receive compensation that pales in comparison to the worth of their work and are denied the most basic workplace rights and protections. Financial insecurity and povertylevel wages for home care workers are a troublesome reality.¹ Workers demographic profiles overwhelmingly female and workers of color contrast sharply with those for whom they provide care.² That their work is performed in private homes out of public view further exacerbates the power imbalance between worker and employer.¹ In New York City the mean annual earnings for a home care aide are just under 20000 more than a quarter live below the poverty line and over a third receive at least one form of public assistance. See Lifting up Paid Care Work Year One of New York Citys Paid Care Division N.Y. Dept Consumer Affairs at 1517 (March 2018) available at <https://www1.nyc.gov/assets/dca/downloads/pdf/workersLiftingupPaidCareWork.pdf> (citing 2016 American Community Survey obtained from IPUMSUSA University of Minnesota www.ipums.org and the 2015 American Community Survey Public Use Micro Sample as augmented by NYC Opportunity.)² In New York City 93 of home

To better address the distinct needs of care workers the City of New York opened a historic kind paid care Division within DCA in February 2017. DCAs Office of Labor Policy Standards (OLPS) houses the Paid Care Division (Division) the only governmental office in the United States charged with raising job standards in paid care industries including the home health care industry. To meet this challenging but critical mandate the Division works in partnership with paid care worker organizations employers and other stakeholders. DCA has conducted enforcement outreach and education policy development and original research that has reached tens of thousands of home health aides giving DCA a vital window into the daytoday concerns that home care workers currently face. In less than four years of enforcing the Paid Safe and Sick Leave Law OLPS has recovered over 625000 in restitution for 6845 home care workers and nearly 240000 in penalties to date. In March DCA released a report Lifting up Paid Care Work Year One of New York Citys Paid Care Division with a companion study Making Paid Care Work Visible Findings from Focus Groups with New York City Home Care Aides Nannies and House Cleaners by Professor Ruth Milkman of The City University of New York (CUNY). These reports represent a years worth of research including discussions with 115 paid care workers about their work in addition to the broader work of the Division during its first year.Repealing 42 C.F.R. 447.10(g)(4) will do great harm to workers rights to collective bargaining workplace protections achieved through collective bargaining are essential to improving the conditions of an undervalued workforceThe Proposed Rule would eliminate the provision that currently allows home care workers paid through Medicaid funds to make payments to third parties for benefits such as health insurance skills training and other benefits customary for employees.³ In doing so it would prohibit home care workers from voluntarily choosing to have union fees and health insurance payments deducted from their pay. This prohibition will add to the existing proscription against the deduction of mandatory union fees by a union that represents home care workers.⁴ By making it more difficult for workers and their unions to ensure that union fees are actually paid the Proposed Rule weakens unions by removing a critical source of financial support. In the wake of Janus v. AFSCME the Proposed Rule represents yet another blow to workers rights to organize and collectively bargain.⁵In New York City and more broadly in New York State (collectively New York) most home care aides are employed by home health agencies and are covered by federal state and local labor and employment laws. These workers are paid by their employer the home health agency and not directly through Medicaid. Nevertheless home care workers in New York will be negatively affected by the Proposed Rules weakening of unions. Even with the protections afforded through New York workplace laws and union representation violations of wage and hour and other employment laws are rampant

they serve and are paid through public Medicaid funds.⁷ As independent contractors they are excluded from virtually all labor and employment laws including the Fair Labor Standards Act the National Labor Relations Act and state workers compensation laws.⁸ Certain states have created mechanisms that allow home care aides to join unions and engage in collective bargaining.⁹ In these states workers and their unions have won important victories the resulting agreements have provided home care aides with rights that did not necessarily exist under the law including wage increases health benefits and workers compensation coverage.¹⁰ By effectively depriving workers of their ability to financially support their collective bargaining representative and in this fashion hampering unions financial viability workers ability to collectively win and retain the kinds of improvements in workplace standards described above will be severely compromised. CMS Proposed Rule hurts home care workers and the clients they serve. If CMS adopts the Proposed Rule home care workers will also lose the ability to purchase affordable health insurance plans offered through their unions.¹¹ Instead each worker will have to individually navigate and negotiate for coverage under the Affordable Care Act or where they qualify state Medicaid assistance. Workers ability to obtain quality health care will be compromised even eliminated altogether because they will face significant obstacles in obtaining affordable health care as individuals rather than as part of a group health insurance plan offered through their unions. This is unconscionable. Home care workers are providing health care to families loved ones yet the Proposed Rule would significantly constrain their ability to obtain health insurance for themselves creating risks to the workers health and by extension that of their patients. It is estimated that 72 million Americans will be sixtyfive or older by 2030.¹² As the elderly population grows so will the need for home care services. Rapid growth in demand for home care workers and high turnover due in part to poor working conditions can make it a serious challenge to secure high quality care¹³ hurting not just workers but those who rely on their care. Inadequate care can result in negative consequences for the sick and elderly including hospitalization or the need to be transferred to an institution such as a nursing home.¹⁴ Studies indicate that under current conditions approximately half of all home care workers quit their jobs each year¹⁵ leaving a supply gap in the face of everincreasing demand that would only worsen with the Proposed Rule.⁷ See Peggie R. Smith The Publicization of HomeBased Care Work in State Labor Law 92 MINN. L. REV. 1390 140203.⁸ Id.⁹ Several states including California Massachusetts Michigan Illinois Oregon and Washington have designated the state counties or a state agency as the employer of record for purposes of collective bargaining.¹⁰ In Michigan workers won wage increases of nearly 20 percent and 34 percent in Illinois. In Oregon and Washington collective bargaining achieved wage increases for workers along

CMS Analysis of the Regulatory Impact is Insufficient. Executive Orders 12866 and 13563 instruct federal agencies to promulgate only those regulations required by law necessary to interpret the law or necessary to address a compelling public need such as protecting the health and safety of the public... or the well being of the American people.¹⁶ Agencies are directed to assess all costs and benefits of proposed regulations and regulatory approaches should maximize net benefits including potential economic environmental public health and safety and other advantages distributive impacts and equity.¹⁷ In determining whether a rule can be considered economically significant an agency must look at the financial impact of the regulation on the economy as well as its broader effects.¹⁸ CMS has acknowledged that it lacks sufficient data to provide an analysis of the direct dollar impact of the regulation instead it relies on assertions from a single newspaper article to support a speculative and preliminary estimate.¹⁹ The Notice of Proposed Rulemaking also lacks any discussion of the broader impact of the rule. A full analysis of the economic ramifications would include an assessment of the impact on GDP of workers leaving the workforce to care for family members because they cannot obtain paid care as a result of increased worker shortages. DCA urges CMS to conduct and publish an analysis of these issues before finalizing this rule. Conclusion The federal government should be implementing policies that make it easier not more difficult for workers to achieve a sustainable living wage that supports them and their family. This benefits workers the clients they serve and the economy as a whole. Accordingly DCA urges CMS to withdraw the Proposed Rule and leave in place the existing provisions which help a vital but exploited workforce obtain and access basic protections not otherwise available to them. Respectfully submitted Lorelei Salas Commissioner New York City Department of Consumer Affairs 16 58 F.R. No. 190 Executive Order 12866 of September 30 1993 Regulatory Planning and Review Section 1(a).¹⁷ Id.¹⁸ Id. (Costs and benefits shall be understood to include both quantifiable measures (to the fullest extent that these can be usefully estimated) and Please end the corruption that robs not just the workers but the taxpayers.

PLEASE ENTER YOUR COMMENT HERE Protect the caregivers but not the union.

No more mob union bosses stealing money !

PLEASE ENTER YOUR COMMENT HERE Please fix our health care it's bad for America

Please put a stop to this!
gb

Pgov. workers should have never been allowed 'unions' ...once needed -unions are not needed anywhere today = and just cause financial problems along with politicians that don't worry about how retirement will be paid YRS. down the road. LEASE ENTER YOUR COMMENT HERE

Pennsylvania Department of the Auditor General Comment re: Concerns with proposed rulemaking:
- Preventing direct payment of voluntary contributions will unnecessarily and improperly restrict home healthcare workers rights to control or direct their own property/paychecks.

- With the expected significant increase in the need for home healthcare workers, retaining these caregivers is paramount and restricting or impeding their ability to collectively bargain for a reasonable living wage and benefits will limit the number of employees in this field and impede the ability to retain current workers over the longer term. By being able to collectively bargain and increase wages and benefits, the home healthcare workers field will only be enhanced, which will improve the quality and availability of home healthcare.

- In addition, since Pennsylvania does not currently require a mandated deduction of dues, I question the veracity of the estimate of \$8 million cited in the footnote of the notice.

Eugene A. DePasquale
Pennsylvania

PLEASE stop letting unions force people to pay for their right to work.

Let the unions pay for their own healthcare.

To CMS:
As an Iowa State Representative, I respectfully write to request HHS and CMS enact the proposed rule, CMS-2413-P, addressing union an unfair practice known as dues skimming from Medicaid beneficiary payments.

Simply put, caregivers should not be coerced into paying union dues just to care for their loved one.

States that believe in helping their vulnerable citizens should be able to protect the integrity of Medicaid. The Department of Health and Human Services could end the practice of dues skimming with this simple, administrative fix.

A 2005 executive order issued by Gov. Tom Vilsack (D) authorized the unionization of care providers. His successor, Gov. Terry Branstad (R) rescinded the previous executive order in 2012 but it is unknown how much dues AFSCME Council 61 was able to collect during that time.

HHS should issue a letter to the states engaged in dues skimming and tell them they must stop. In addition, federal rules can be adopted making this practice illegal when using federal funds.

Please enact the proposed rule CMS-2413-P to protect our most vulnerable citizens.

Thank

Please do not allow the unions to take money that is not rightfully theirs that should go to America's care givers. The only money unions should ever collect is from volunteers. Confiscation should never be permitted and violators should be jailed.

Stop draining of Medicaid from Home Health Care and giving to Union staff.

Stop Union Thuggery!

Put Government Unions on the same level as regular citizens. Make it easier to fire the non performing and prosecute the criminal ones.

Government unions have no rights to Medicaid funds. Hands off.

As a Missouri State Representative, I respectfully urge HHS and Centers for Medicare/Medicaid Services to enact CMS-2413-P, a proposed rule that would put an end to union dues skimming from Medicaid payments to home healthcare providers.
In 2008, SEIU-backed Proposition B was passed to create the Missouri Quality Homecare Council. Tucked away in the Councils governance language was a provision that designated care providers as employees for the sake of collective bargaining. The Republican-controlled legislature refused to appropriate funding for the Council but SEIU and AFSCME attempted to unionize care providers anyway and penned a collective bargaining agreement (CBA) that set wages. Every step of the way unions were met with litigation and legislative roadblocks. The CBA expired last year and there seems to be no attempt to negotiate a new one. Although the Council has not met and the seats are not filled, it still exists and could be reengaged with a change in political power.

While Missouri does not currently partake in this scam practice, a change in government leadership could easily open the doors to truly vulnerable people in my state being forced to fork over a percentage of their much-needed Medicaid payments to a union they didnt choose to join.

Stop your corrupt actions concerning our American care givers.

Gov. unions should not take cmoney away from care givers. Please stop this!

Attached please find comments from the National Womens Law Center (the Center) in response to the notice of proposed rulemaking (NPRM), issued by the Centers for Medicare and Medicaid Services (CMS) and published in the Federal Register on July 12, 2018, which would repeal a current regulatory provision clarifying that states may make deductions from provider payments for costs such as health care and skills training without violating the Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the Social Security Act. The NPRM also indicates that CMS will newly apply the prohibition to authorized requests for deduction of union dues payments from certain Medicaid home care providers, singling out this type of deduction despite the fact that neither the statute nor regulations mention it. The Center strongly opposes this NPRM and urges CMS to

August 13 2018 Submitted via www.regulations.gov The Honorable Seema Verma Administrator Centers for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413P P.O. Box 8016 Baltimore MD 21244 8016 RE CMS2413P Medicaid Program Reassignment of Medicaid Provider Claims Dear Ms. Verma

The National Womens Law Center (the Center) writes in response to the above referenced notice of proposed rulemaking (NPRM) issued by the Centers for Medicare and Medicaid Services (CMS) and published in the Federal Register on July 12 2018 which would repeal a current regulatory provision clarifying that states may make deductions from provider payments for costs such as health care and skills training without violating the Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the Social Security Act.¹ The NPRM also indicates that CMS will newly apply the prohibition to authorized requests for deduction of union dues payments from certain Medicaid home care providers singling out this type of deduction despite the fact that neither the statute nor regulations mention it. We strongly oppose this NPRM and urge CMS to withdraw it. Since 1972 the Center has worked to remove barriers based on gender to open opportunities for women and girls and to help women and their families lead economically secure healthy and fulfilled lives. The Center advocates for improvement and enforcement of our nations employment and civil rights laws with a particular focus on the needs of low income women and their families communities of color and others who face historic and systemic barriers to equality and economic security. Our research at the Center affirms that across industries unions are one of the very best mechanisms to ensure that women are paid fair wages and have decent working conditions.² Union members typically make more per week than nonunion workers a wage advantage that is greater for women both as a percentage and as absolute dollars and is especially large for Latina women.³ For home care workers the ability to choose to join a union and opt to have dues deducted from their paychecks not only ensures this historically marginalized workforce has the same access to union membership as other private and public sector workers who can do so but also has led to

1 Medicaid Program Reassignment of Medicaid Provider Claims 83 Fed. Reg. 32252 (proposed July 12 2018) (to be codified at 42 C.F.R. pt. 447).
2 See generally Kayla Patrick Sarah David Heydemann Natl Womens Law Ctr. (NWLC) Union Membership Is Critical for Equal Pay (March 2018) <https://nwlc.org/49tixgw5lbab.stackpathdns.com/wp>

improvements to workforce standards that have improved the lives of home care providers and strengthened Medicaid home and communitybased services (HCBS) programs. The proposed rule would reverse that progress and represents an attack on a specific group of workers almost all of whom are women and the majority of whom are women of color. Black women make up one quarter of the home care workforce. Latinas are about one fifth and Asian women and women of other races make up another 8 percent while white women are just over one third of the workforce.⁴ Apart from the substance of the proposal we are also troubled by the process that produced this NPRM. CMS is proposing an action that completely reverses its own recent policy and acknowledges that the proposed rule could be economically significant yet the proposal includes extremely minimal discussion of the agency's rationale for the change and virtually no analysis of its economic and other impact. And with a public comment period of just 30 days hundreds of thousands of workers who will be affected by the proposed rule will have little time to provide input. For these reasons explained in further detail in the comments that follow we urge CMS to withdraw its proposed rule. Women especially women of color are serving the growing need for Medicaid home and communitybased services but their work remains undervalued and underpaid. Women make up close to 90 percent of home care workers who assist older adults and people with disabilities with bathing toileting medication management and other vitally important functions that allow them to live independently at home.⁵ Women of color make up the largest and fastest growing segment of the workforce in this field⁶ which will add more jobs to our economy than any other occupation over the next decade as our population ages.⁷ Medicaid in particular is a major job creator for women especially women of color working in home care.⁸ In recent decades the proportion of total Medicaid spending on longterm services and supports (LTSS) devoted to home and communitybased services (HCBS) has grown from a level of less than ten percent in the early 1980s to more than half (53 percent in 2014) of Medicaid LTSS spending⁹ in response to both changing consumer preferences and legal decisions. HCBS programs cannot function without home care workers without a worker there is no access to care. Yet the women who perform this vitally important and demanding work often struggle to make ends meet and support their own families. The professional care work performed by women specifically⁴ Paraprofessional Healthcare Inst. (PHI) Racial and Gender Disparities Within the Direct Care Workforce Five Key Findings at 6 (Nov. 2017) available at <https://phionational.org/resource/racial-gender-disparities-within-direct-care-workforce-five-key-findings> hereinafter PHI Racial and Gender Disparities.⁵ PHI U.S. Home Care Workers Key Facts at 34 (Sept. 2017) available at <https://phionational.org/resource/us-home-care-workers-key-facts> hereinafter PHI Key Facts.⁶ PHI Racial and Gender

including the care work done by women of color has long been undervalued in the United States and our policies and institutions have too often reinforced this problem rather than rectifying it. The treatment of care work performed inside the home is emblematic of this phenomenon domestic workers were excluded from the National Labor Relations Act enacted in 1935 and from the Fair Labor Standards Act enacted in 1938 and even today lack legal protections afforded to most other working people.¹⁰ Regulations finally extending federal minimum wage and overtime protections to home care workers only went into effect in 2015¹¹ and median wages for home care workers remain below \$11 per hour.¹² Due to inconsistent hours that often accompany these low wages the median annual income for home care workers is just \$13,800 nearly one-quarter of home care workers live in households with incomes below the federal poverty line.¹³ Women of color in home care jobs are even more likely to live in poverty and rely on public assistance than home care workers who are men or white women.¹⁴ These conditions harm the women who dedicate their lives to caring for others and harm the consumers for whom they care (most of whom are also women¹⁵) by increasing turnover and discouraging entry into the home care field at a time when the demand for services is growing rapidly. The vast majority of states have already reported serious or very serious shortages in the home care workforce generally¹⁶ and the shortage of workers has affected Medicaid HCBS programs as well as the broader market for some time. A 2008 Institute of Medicine (IOM) report that examined the direct services workforce including home and personal care workers found that a major factor in the deficit of direct care workers is the poor quality of these types of jobs noting that much more needs to be done to enhance the quality of these jobs.¹⁷ The IOM report identified a number of issues that¹⁰ See generally Julie Vogtman NWLC Undervalued A Brief History of Womens Care Work and Child Care Policy in the United States (Dec. 2017) https://nwlc.org/wp-content/uploads/2017/12/final_nwlc_undervalued2017.pdf. See also e.g. Andrea Flynn Roosevelt Inst. Ms. Found. For Women Justice Doesn't Trickle Down How Racialized and Gendered Rules Are Holding Women Back at 36 (May 2017) <https://forwomen.org/wp-content/uploads/2017/05/JusticeDoesntTrickleDownFINAL.pdf> Premilla Nadasen Tiffany Williams Barnard Ctr. for Research on Women Valuing Domestic Work at 45 <http://bcw.barnard.edu/wp-content/uploads/2015/05/ValuingDomesticWork.pdf> Linda Burnham Nik Theodore Home Economics The Invisible and Unregulated World of Domestic Work at 89 (2012) Eileen Boris Jennifer Klein Caring for America Home Health Workers in the Shadow of the Welfare State (Oxford Univ. Press 2012) Brief of Womens Rights Civil Rights and Human Rights Organizations and Scholars as Amici Curiae supporting

contribute to this poor job quality including low salaries, lack of benefits, high levels of physical and emotional stress and job-related injuries. Unions improve job quality for home care workers and care quality for HCBS program beneficiaries but the proposed rule threatens this progress. The low wages and lack of benefits typical of the industry makes it especially critical that home care workers be able to come together to demand better conditions. Unions have played a key role in helping address these issues by raising wages through the collective bargaining process and advocacy to increase Medicaid funding and payment rates as well as providing opportunities for home care workers to share their experiences with each other and creating a mechanism to provide workers with a voice in decisions that affect them. One study that examined outcomes for 18,000 home care workers in San Francisco over the years 1996-2002 after workers won substantial wage increases through their union found a significant decrease in turnover associated with the pay increase.¹⁸ A recent survey from the National Employment Law Project confirms that home care workers who are in unions are paid more and are far more likely to have access to health insurance and paid time off than their non-union counterparts.¹⁹ Decent wages and benefits for home care workers reduce turnover, improving quality and continuity of care for the people home care workers serve.²⁰ Home care worker unions play a vitally important role too in providing a voice for a workforce that historically has lacked one. This is particularly true in the case of the individual provider (IP) home care workers to whom the proposed rule applies. IP home care workers may experience even greater isolation and be regarded as less professional than home care workers employed by agencies who typically had somewhat better access to standard employment benefits such as health benefits in the years before independent providers formed unions.²¹ In states where home care workers have formed unions, providers employed by home care agencies are able to join a union and collectively bargain with the agency under the federal National Labor Relations Act (NLRA). But in the self-directed models of HCBS under which consumers retain greater power to hire and direct services, IP home care providers contract directly with the state and these workers do not have the same collective bargaining rights under the NLRA. Instead, a number of states have created structures such as a state authority to allow IPs to join together in a union. In this case, the state is authorized to deduct a portion of an IP home care worker's service payment for dues and any other benefits in the same way that home care agencies make these deductions for workers they employ. Enabling IP home care workers to make dues deductions thus provides an important measure of parity with agency home care and other institutional direct care workers who provide similar or identical services and states' adoption of these structures is part of a larger set of policies needed to remedy the historically unjust treatment of this

ability of home care workers to make deductions for health care and union dues and the role of home care worker unions in helping to stabilize the workforce and ensure access to quality services both in the 2014 rule clarifying the legitimacy of these payments²² and more recently in a 2016 Informational Bulletin that focused on strengthening the Medicaid home care workforce pointing to the role of unions in supporting worker training and development.²³ In reversing its recent position and proposing to now apply a Medicaid payment rule that (as detailed below) was never intended to reach this group of workers or their union dues CMS seeks to exploit the unique employment and payment structure of IP home care providers to erect new barriers to union membership threatening to reverse the progress that has been made and to once again relegate IP home care workers to second-tier status. In so doing it risks harming not only the workers but also the consumers who depend on them. CMS has not articulated any reasonable justification for this rulemaking. CMS provides little rationale for the NPRM beyond an apparently new concern that the provision is overbroad and insufficiently linked to the exceptions expressly permitted by the statute.²⁴ We address this misplaced concern in the section below but must also note that the lack of reasoned explanation from CMS that one would expect to see in the preamble to a rule particularly one seeking to completely repeal current established policy that was last reviewed by the agency relatively recently reinforces our impression that the proposal is in fact a transparent attempt to erect barriers to union membership one that may well render the agency's actions arbitrary and capricious under the Administrative Procedure Act.²⁵ CMS characterization of the current payment structure is incorrect and misleading. While the NPRM itself lacks discussion of CMS motivation the press release CMS issued to announce the NPRM is rather more explicit it notes that the rule will end the ability of states to divert Medicaid payments away from providers and claims that the rule is designed to ensure that taxpayer dollars dedicated to providing healthcare services for low-income vulnerable Americans are not siphoned away for other purposes.²⁶ These claims echo the contention of Senator Ron Johnson in a letter he sent to CMS and in a follow-up staff report from the Committee on Homeland Security and Government Affairs that states are skimming dues from Medicaid payments that would otherwise go to provide care for²² See Medicaid Program State Plan Home and Community-Based Services 5-Year Period for Waivers Provider Payment Reassignment and Home and Community-Based Setting Requirements for Community First Choice and Home and Community-Based Services (HCBS) Waivers Final Rule 79 Fed. Reg. 2948-3002 (Jan. 16 2014) (to be codified at 42 C.F.R. pts. 430-431 435 et al.) (Direct payment of funds by states to third parties on behalf of practitioners to ensure benefits that support those practitioners and provide skills training may help ensure that beneficiaries have greater access to

Medicaid recipients.²⁷ The HHS regulatory impact analysis reflects a similar interpretation suggesting for instance that states may be increasing reimbursement levels in order to reassign portions of the provider payment to a third party and that they may lower those rates if providers are no longer able to deduct payments for union dues or other benefits.²⁸ This description of the flow of dollars under current payment arrangements is a gross mischaracterization that at best reflects a profound lack of understanding of IP home care payment structures and at worst is deliberately misleading. Deductions made by states on behalf of home care workers for dues and other costs such as health benefits do not divert or siphon Medicaid dollars from any state Medicaid program. Rather IP home care workers receive payments from state Medicaid programs for services they provide to home care consumers payments that function just like hourly wage payments that an agency employed home care worker receives from her employer. While in the latter case the Medicaid program payment is made to the agency rather than directly to an IP home care worker there is virtually no difference from the worker perspective in both cases home care workers are receiving payments for services provided to Medicaid beneficiaries. And in both cases there can be no diversion because the amount deducted for dues comes from the payment for services that has been made to the home care worker who then voluntarily chooses to direct it to a union and/or for other benefits. If the worker chooses not to be a member of a union and authorize dues deduction she keeps the full payment for the home care work she has already performed it is not suddenly available for new spending. Medicaid expenditures and the amount spent on care remain the same. Funds are not siphoned from health care services by honoring the workers decision to deduct union dues from her pay just as she does not siphon Medicaid money by spending her pay on rent or groceries. The anti-reassignment provision does not apply to home care provider union dues deductions. An examination of the history of the statutory provisions clearly shows that when Congress adopted the Medicaid anti-reassignment provision (1902(a)(3)) in 1972 it did so to address concerns about the practice of factoring under which physicians and other providers assigned their payment claims to a third party such as a collection agency a practice that Congress recognized had led to incorrect and inflated claims for services and created administrative problems with respect to determinations of reasonable charges and recovery of overpayments.²⁹ Neither the statute nor the relevant regulations say anything about unions or dues deductions moreover courts have uniformly concluded that similar arrangements where funds are automatically transferred to a third party (such as so-called double lockbox arrangements used to convey Medicaid provider payments to a third party pursuant to the providers standing instructions) are valid so long as they are consistent with the purposes of the

provider but are withheld and paid on behalf of the provider is not . . . within the intended scope of the statutory direct payment requirement.³⁰ More specifically We propose to interpret the scope of the direct payment provision to not include the circumstance when the Medicaid program operates as a primary payer for a class of practitioners and assumes the ordinary responsibilities required in that circumstance to assure workforce stability and quality. This exception from the scope of the direct payment provision would be limited to situations in which payment is made under a State law that authorizes payments on behalf of an individual practitioner to a third party for health and welfare benefit costs training costs or other benefits customary for employees. The legislative history of section 1902(a)(32) of the Act indicates that such a situation is not within the scope of assignments or powers of attorney that were considered at the time or even of the same nature. Instead such payments are more of an ordinary arrangement to further workforce stability and quality.³¹ Indeed an IP home care providers authorized deduction of union dues or other benefit payments from her paycheck should not require a statutory exception to the antireassignment provision because such a deduction does not constitute a reassignment. Wages paid by the Medicaid program to a home care worker no longer belong to Medicaid they belong to the worker³² who can spend them as she sees fit just like anyone else gets to make choices about spending their paycheck. Home care workers who have their union dues payment deducted automatically are the same as other people who have their union dues deducted from their wages including other public employees like teachers police officers and firefighters whose dues also come from wages paid by the state. Not surprisingly then the practice of states making deductions for union dues and other costs such as health care on behalf of independent home care providers existed well before 2014 starting with voluntary dues deduction arrangements in some California counties in the mid 1990s. CMS leaders under several previous administrations were aware of and did not oppose the practice. The language added by CMS in 2014 merely clarified that deductions from independent provider home care workers pay for benefits customary for employees are permissible and not within the intended scope of the statutory language. Yet the NPRM now singles out dues deductions to unions as the sole example of a practice that will be implicated by the new rule. This amounts to a substantial policy shift for which CMS provides no legitimate legal or policy rationale and one that will have a major impact on states providers and consumers who have built consumer directed programs in reliance on CMSs position that payments like those described in 2014 regulation are allowable. CMSs analysis of the regulatory impact is insufficient. Executive Orders 12866 and 13563 direct agencies to perform cost benefit analyses of proposed regulations and to select regulatory approaches that maximize net benefits including

equity.³³ The criteria for determining whether a rule can be considered economically significant takes into account not only the impact of the regulation on the economy as measured in dollar terms but also broader effects. Costs and benefits shall be understood to include both quantifiable measures (to the fullest extent that these can be usefully estimated) and qualitative measures of costs and benefits that are difficult to quantify but nevertheless essential to consider.³⁴ Yet not only is CMS unable to provide an analysis of the direct dollar impact of the regulation acknowledging that it lacks sufficient data and relying on assertions from a single newspaper article to support a speculative and preliminary estimate³⁵ the NPRM also lacks any discussion of the broader impact of the rule. Given the important role of unions in raising standards for the home care workforce it stands to reason that curtailing the ability of workers to participate in unions through inappropriate application of the reassignment prohibition will have an adverse impact on them. A full analysis of economic impact would also consider the effect on GDP of workers leaving paid work to care for family members because no provider is available due to increased worker shortages. The failure to even attempt such an analysis runs counter to CMS's obligations under the relevant rulemaking authorities. We urge CMS to provide a full analysis of the impact that hindering the ability of home care workers to participate in a union or pay for benefits such as health care will have on worker turnover, access to services, and quality of care. Our nation needs a high-quality stable home care workforce to meet the demand that will continue to grow as our population ages. Given the need to strengthen and build the supply of home and community-based services through the Medicaid program, it is counterproductive to erect new and unwarranted barriers to union membership for a workforce led by women, especially women of color, who seek to benefit from the power of collective action. For the reasons set forth above, the National Women's Law Center strongly urges the Department to withdraw the proposed rule. Thank you for the opportunity to submit comments on this NPRM. Please do not hesitate to contact Julie Vogtman, Director of Job Quality and Senior Counsel (jvogtmannwlc.org 202.588.5180) if you have questions or require additional information regarding these comments. Sincerely, Emily Martin, Vice President for Education, Workplace Justice, Julie Vogtman, Director of Job Quality and Senior Counsel.

³³ Exec. Order No. 12866, 58 Fed. Reg.

See attached.

August 13 2018Centers for Medicare Medicaid Services Department of Health and Human ServicesP.O. Box 8016 Baltimore MD 212448016 Attention CMS2413PRe Proposed Rule Reassignment of Medicaid Provider Claims CMS2413P To Whom It May ConcernI write on behalf of the Minnesota Department of Human Services which is the Medicaid agency in Minnesota. We do not support the removal of 42 C.F.R. 447.10(g)(4) that permits Medicaid programs to pay third parties on behalf of individual providers for benefits such as health insurance skills training and other customary benefits for employees. Removal of this provision will unnecessarily restrict the ability to provide services and supports efficiently for reasons that do not appear to be based in sound policy. Furthermore CMS rationale for removing this rule is contradicted by its previous statements that accompanied the promulgation of the original rule. Finally even if the current rule is overbroad as CMS asserts the appropriate remedy would be to narrow the scope rather than to remove it entirely.The Minnesota Medicaid program does not currently use the authority at issue here. However we are concerned about the motivations of the federal agency as well as the removal of authority that was designed to help ensure a stable workforce and enable consumers to take on more of the management of their own services and supports.The rule enables individuals to selfdirect services without the additional burden of managing administrative costs for their workers. Repeal of the regulation will do nothing to address this continuing need. Rather it will needlessly complicate initiatives to support individuals who need stable highquality care to maintain their health independence and dignity.CMS rationale for removing this provision is that it is overbroad and insufficiently linked to the exceptions expressly permitted by the statute. See 83 FR 32253.A rule or statute that is overbroad is one that is not sufficiently restricted to a specific subject or purpose. While we disagree with CMS assertion that the provision is overbroad the appropriate cure would be to narrow the exceptionnot to remove it entirely.Regarding the assertion that the rule is not permitted by the exceptions in the statute CMS previous statements directly contradict this rationale. The commentary accompanying the proposed rule notedWhile section 1902(a)(32) of the Act does not expressly provide for additional exceptions to the direct payment principle we believe the circumstances at issue were not contemplated under section 1902(a)(32) of the Act and CMS 2413PAugust 13 2018that the direct payment principle should not apply because we think its application would contravene the fundamental purpose of the provision. As noted above the apparent purpose of the direct payment principle was to prohibit factoring arrangements. Therefore we are proposing an additional exception to describe payments that we do not see as within the intended scope of the statutory direct payment requirement.Emphasis added. See 77 FR 26382.According to CMS this provision is allowable under the statute. At the very least CMS should offer a rational justification for the removal of this provision that is rooted in good policy along with an explanation of how this removal is in furtherance of the purpose of the Medicaid program. An agency changing its course by rescinding a rule or departing from precedent is obligated to supply a reasoned analysis for the change. Motor Vehicle Mfrs. Assn of U.S. Inc. v. State Farm Mut. Auto. Ins. Co. 463 U.S. 29 42 103 S. Ct. 2856 2866 L. Ed. 2d 443 (1983).Without that explanation it appears that CMS sole purpose is to penalize certain workers for the cost of doing business in their states while making it more difficult and costly for Medicaid consumers who wish to actively direct the care they need.In conclusion we oppose the proposed change. The current rule is allowable under the statute and the removal is not justified with any articulated policy rationale. Thank you for your consideration.SincerelyMarie Zimmerman Medicaid Director
Please see attached file on behalf of the members of National Taxpayers Union.

August 13 2018
 Seema Verma Administrator
 Centers for Medicare and Medicaid Services 7500 Security Blvd. Baltimore MD 21244
 Re: Medicaid Program Reassignment of Medicaid Provider Claims (CMS2413P)
 Dear Administrator Verma:

On behalf of the members of National Taxpayers Union (NTU) across all fifty states I write to express our strong support for docket number CMS2413P the Departments of Health and Human Services Notice of Proposed Rulemaking (NPRM) to remove section (g)(4) of 447.10 from the Code of Federal Regulations. This provision of the federal code has permitted numerous state governments to siphon union dues and fees from the paychecks of inhome healthcare workers without their consent. The proposed rule would end this practice known as union dues skimming which runs in conflict with federal law and unethically deducts money for those on federal assistance to fund political activity by public sector unions.

Established in 1965 the Medicaid program was designed to be a state and federal program that provides health coverage for the disabled vulnerable and lowincome families. While Medicaid's aim is noble the program today is straining state budgets especially in states that have expanded Medicaid under the Affordable Care Act. As of 2017 taxpayers spent 565 billion on the program and it is the world's largest health insurance program covering over 70 million people. Since the program is funded by taxpayers there is a responsibility from Medicaid administrators to ensure each dollar is spent in an efficient and cost effective manner by rooting out waste fraud and abuse. Included in the Medicaid budget is 41.5 billion reserved for the Home and Community-Based Services (HCBS) waiver program. Under the HCBS waiver program Medicaid recipients may use these funds to pay for inhome services rather than living at a longterm care facility. Generally those inhome service workers are family members or friends and receive a paycheck directly from those funds. However lawmakers in 11 states (California Connecticut Illinois Maryland Massachusetts Minnesota Missouri New Jersey Oregon Vermont and Washington state) enacted rules reclassifying inhome providers as state workers in order to subject them to union rules and even financial dues. According to the State Policy Network in certain states the government

Just in 2017 Freedom Foundation estimates state governments diverted close to 150 million from inhome care providers into the pockets of unions. And between 2000 and 2017 it is estimated that 1.4 billion in caregivers Medicaid funds were sent to the coffers of unions. Every dollar of Medicaid funds state governments divert to SEIU and other unions is one less dollar available to help those in need. The hundreds of thousands of caregivers across the country should not be subjected to unwanted union participation when they're working out of their own homes often caring for relatives. It is a shameful practice to require a hardworking mother or father to pay union dues just so they can look after their disabled son or daughter. Ben and Tammy Olsen from Washington State are just one of many examples of this unethical practice. According to them Having the union take our money was a real hardship on us. We used to pay 2000 a year in dues...that could be spent on gas groceries and medical bills. The union has never helped us and were better off without them. For them this money that is unwillingly taken away from their paycheck makes a big difference in their daytoday life and makes taking care of their son more difficult. Concerningly the money earned by hardworking caregivers is involuntarily being used to fund organizations that engage in political activity and lobbying which seek to influence policy that some workers may not support. As you may know this issue made it all the way to the Supreme Court which ruled in 2014 that homehealth providers are not required to involuntarily pay union dues or fees. Despite the Court ruling that dues and fees were optional state governments made it an incredibly complex and confusing process often only allowing caregivers to opt out from paying dues within a small window of time. Such a costly process has made it intentionally difficult for many caregivers to officially get out of this scheme. The current system represents a bad deal for caregivers who are working hard to provide services to their clients and thus deserve the full paycheck they were promised. Should these caregivers wish to join or financially support a union they are free to make that decision on their own without being forced to do so. Workers at the very least deserve to have that choice not be forced to have their hardearned money taken from their paycheck. For the aforementioned reasons NTU respectfully submits this comment in support of the NPRM to repeal 42 CFR 447.10(g)(4). NTU is at your service to further assist you in your deliberations and we are thankful for your consideration of our views.

Sincerely Thomas Aiello
 Policy and Government Affairs Associate
 National Taxpayers Union

WE ARE INTELLIGENT ENOUGH NOW TO NOT NEED UNIONS.

You are doing a great job. Please continue to hammer the corrupt unions

PLEASE stop misusing our tax paying money!

Please do whatever you can to stop these unreasonable regulations and unscrupulous union bosses from taking any more of peoples hard earned money. Thank you!

I don't believe unions should be able to take money involuntarily. I also don't think they should have the power and influence in politics.

See attached comment letter.

1204 Broadway 2nd Floor New York NY 10001 infodomesticworkers.org 646. 360.

5806 www.domesticworkers.org August 13 2018 DELIVERED ELECTRONICALLY The Honorable Seema Verma

Administrator Centers for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413P P.O. Box 8016 Baltimore MD 21244-8016 RE CMS2413P Medicaid Program Reassignment of Medicaid Provider Claims Dear Administrator Verma The National Domestic Workers Alliance writes to comment on the proposed rule from the Centers for Medicare and Medicaid Services (CMS) published in the Federal Register on July 12 2018 (CMS2413P). The National Domestic Workers Alliance (NDWA) is a national alliance of over 60 affiliate organizations plus robust local chapters in Atlanta Durham and New York including nannies housekeepers and caregivers for the elderly in 36 cities and 17 states. Since our formation in 2007 NDWA has lifted up the voices of family caregivers advocated good jobs for all paid caregivers and choice and independence for seniors and people with disabilities who need care. We have strong concerns about the proposal set forth by CMS in this notice of proposed rulemaking which repeals a 2014 CMS rule clarifying that the Medicaid prohibition on reassignment of payments does not apply to deductions benefits such as health insurance skills training and other benefits customary for employees made by states on behalf of home care workers in consumer directed models because it is likely this proposal will harm both caregivers and those they care for. The proposed rule appears intended to attempt to prevent home care workers 90 percent of whom are women from choosing to join together in a union to advocate for higher wages better training and basic benefits like affordable healthcare and paid sick time through voluntary dues deductions. This is misguided given that today the need for home care workers is growing. Seven out of ten Americans will need longterm services and supports at some time in

receive care in their homes and communities for as long as possible.ii As more baby boomers age and their need for care increases there will likely be fewer family caregivers available to deliver care.iiiAs a result of this increased demand for home care this field is projected to become one of the fastest growing occupations in the country and yet Americans seeking to hire face a shortage of home care workers.iv When families cannot find qualified workers to deliver care they fill in the gaps as best they can often at too high a price. Family members frequently have to reduce their working hours or leave their jobs entirely to do so. this can result in lost wages of up to 300000 over the caregivers lifetime.v These worker shortages are driven by a combination of challenges including low wages a lack of benefits and limited access to training and career advancement in most parts of the country. These trends point to a growing crisis in the economic security and the ability to access quality affordable health care for home care workers those they care for which also impacts the families and communities in which they live.While CMS failed to provide an explanation of the need for this proposed rule as an alliance of home care workers we can speak to its likely effects. Through their unions home care workers have advocated to protect Medicaid increased wages opposed cuts to home and community based programs and raised workforce standards in several states. In turn these efforts reduce turnover which is as high as 60 percent in some markets improve care and create a more stable workforce for the Americans who count on home care services.vi By making it more difficult for home care workers who choose to direct some of the wages they have earned through deductions to their unions to do so this rule will make it even more difficult for both the millions in the home care workforce and the individuals and families who depend on those workers to live with dignity.vii This proposal also singles out home care workers for different treatment than the many other workers who already take advantage of similar mechanisms for deductions without a detailed rationale for how this would affect the quality of home care jobs and the shortage of home care workers both of which are essential questions to ensure longterm affordable and high quality care for seniors and people with disabilities. For these reasons and all of the reasons we have discussed in these comments we oppose further action by CMS

i PHI Quality Care Through Quality Jobs. U.S. Home Care Workers Key Facts. <https://phinational.org/wp-content/uploads/legacy/phihomecareworkerskeyfacts.pdf>ii Kalipeni J. F. (2016). A framework for state solutions. Washington DC Caring Across Generations.<https://caringacross.org/newframeworkforstatesolutions>iii AARP Public Policy Institute The Aging of the Baby Boom and the Growing Care Gap A Look at Future Declines in the Availability of Family Caregivers. Donald Redfoot Lynn Feinberg and Ari Houser. August 2013. <https://www.aarp.org/content/dam/aarp/research/publicpolicy/institute/tc2013babyboomandthegrowingcaregapinsightAARPPpiltc.pdf>iv Forbes. The Shortage of Home Care Workers Worse than you Think Chris Farrell April 18 2018.<https://www.forbes.com/sites/nextavenue/2018/04/18/the-shortage-of-home-care-workers-worse-than-you-think/>52a96d793dddv MetLife Mature Market Institute National Alliance for Caregiving and The National Center on Women and Aging. (2011). The MetLife Study of Caregiving Costs to Working Caregivers. New York NY MetLife Mature Market Institute. <http://homecaregenerations.com/familycaregiverslose300000inincomeovertheirlifetime>vi PHI Quality Care Through Quality Jobs. Survey Home Care Worker Turnover Topped 60 Percent in 2014.April 28 2015. <https://phinational.org/survey/homecareworkerturnovertopped60percentin2014>vii PHI Quality Care Through Quality Jobs. U.S. Home Care Workers Key Facts. <https://phinational.org/wp-content/uploads/legacy/phihomecareworkerskeyfacts.pdf>

I am writing to ask to you stop union bosses to steal nearly 200 MILLION MEDICAID DOLLARS A YEAR from Americas home care providers. Stop union thievery and end dues skimming immediately. Put an end to all regulations implemented by the Obama administration.

PLEASE ENTER YOUR COMMENT HERE. Stop Government Unions from robbing Americas Care Givers!!!!
Government unions are illegal and against the Constitution!!! Stop

Please stop the robbing of hard working peoples money now!!! These people need all the money that they have There is no good reason for unions to rob money from America's care givers. President Trump needs to fix this Your theft of money denies patients and care givers funds to do their work. If you can't undo this then, you need to get another job and a life. You are stealing from everyone and that includes members of your own family.

Don't let government unions steal money from personal caregivers under the "guise" of ""representing" them. Forced Union dues paying should be abolished.

Stop the unions from draining money.

Washington state has one of the nation's oldest models for participant self-direction --- its origins dating back to the 1980's. We've proven that people with significant levels of disability can select, hire, direct, and, if necessary, dismiss the people who provide the most personal type of care that allows them to stay at home with health and safety. Largely because of its program of self direction, Washington state's long-term care system ranks first nationally in quality, while remaining less costly than in 37 other states. Providing financial intermediary support for those who self-direct has been an essential part of Washington's success. Given the challenges presented by a workforce scattered in tens of thousands of homes throughout the state, since the inception of its consumer directed program Washington state has essentially operated directly as the fiscal intermediary on behalf of client-employers. On the client's behalf Washington directly pays worker wages and related costs, including worker training, healthcare, taxes, retirement, worker's compensation, and industrial insurance. The 2012 regulatory clarification was a welcome acknowledgement of what had already been happening in Washington for decades and how necessary it is to take the administrative burdens off people with disabilities to allow them to focus on staying at home and maintaining control of what happens in their daily lives. Undoing the 2012 regulatory clarification undermines the capacity of states to rebalance their systems toward community-based care. If states determine it is necessary for efficiency and effectiveness, they should continue to have the option to directly provide the same participant support services that would be allowed for a private fiscal intermediary.

Cut funding to unions! Dont allow them to skim money from our health care system!

See attached file(s)

Ending the unions skim of home health care wagesErin ShannonDirector Center for Small Business and Labor ReformOctober 2017Key FindingsIn 1999 the Service Employees International Union (SEIU) began a statebystate political effort to change the classification of in home health care and day care providers from private sector workers to publicsector. Reclassification as a publicsector employee meant thestate would technically be considered their employer and unions could require that those workers join the union and pay dues or agency fees.Under the cover of collecting union dues or agency fees SEIU has arranged for some states like Washington to automatically take a portion of the more than 41 billion the government sends everyyear to individual Medicaid recipients and the 11.4 billion of taxpayer dollars spent on the Child Care and Development Fund and Temporary Assistance for Needy Families programs.These arrangements result in the misuse by SEIU of hundreds of millions of dollars annually in public money that is meant to provide assistance to elderly ill or disabled individuals and lowincome families. This happens in 11 states including Washington.Washington automatically extracts 3.2 percent of the earnings of home health care providers and two percent from home day care providers and sends it to SEIU.The SEIU dues skim of Medicaid benefits from Washington states home health care providers alone amounts to a staggering 27 million for SEIU 775 each year. The dues taken from the states day care providers generated several more million each year for SEIU 925.The U.S. Supreme Court ruled in Harris v. Quinn that designating providers as public employees only for the purposes of unionization makes them partial public employees who cannot be forced to participate in a union or pay union dues or agency fees.SEIU strongly opposed the Courts ruling and has aggressively worked to prevent workers from exercising their right not to pay union dues or fees. SEIU dues skims are still active in 11 states including Washington.Given the unions determination to figure out ways around the Harris v. Quinn decision the time is right for the Trump

August 13 2018 Via Electronic Filing at www.regulations.gov Centers for Medicare and Medicaid Services
Department of Health and Human Services Attention CEM2413P Mail Stop C426057500 Security
Boulevard Baltimore MD 21244 1850 RE CMS2413P Medicaid Program Reassignment of Medicaid Provider
Claims The Washington Policy Center submits the following comments in support of the Centers for Medicare
and Medicaid Services (CMS) proposal to remove the regulatory text at 42 CFR 447.10(g)(4) which allows a state
to reassign a portions of a providers payment to third parties for benefits such as health insurance skills training
and other benefits customary for employees. The Washington Policy Center (WPC) is a nonprofit nonpartisan
independent research organization based in Seattle WA. Washington is one of the eleven states that allow the
redirection of Medicaid payments owed to homecare workers to unions and unionaffiliated entities. WPC has
long recommended a prohibition on what is known as the dues skim and strongly supports the Centers for
Medicare and Medicaid Services proposed rulemaking. A study published by WPC is 2107 on the experience of
the dues skim practice in Washington state Ending the unions skim of home health care wages includes the
recommendation that the U.S. Department of Health and Human Services issue definitive rules that protect the
rights of workers and end the SEIU dues skim. The CMS proposed rule change accomplishes this
recommendation. Each year the countrys largest government employees union Service Employees International
Ending the unions skim of home health care wages Erin Shannon Director Center for Small Business and Labor
Reform October 2017 Introduction Background Passage of Initiative 775 in Washington Lawsuit restores workers
rights The Washington experience The Solution 10 Policy Brief How to Stop the Dues Skim of Federal Home Health
Care and Child Care Funding by Sam Adolphsen Mackinac Center for Public Policy

The Medicaid funds sent to lowincome elderly disabled or ill individuals through the Home and Community
Based Service waiver program is meant to enable them to pay for inhome care. Under the cover of collecting
union dues or agency fees SEIU automatically takes a portion of the more than 41 billion the government sends
every year to individual Medicaid recipients. Many of the home health care providers who are forced to pay
SEIU dues or fees are taking care of a family member or a close friend in their home in Washington state 70 of
home care providers are related to the client they care for. These caretakers receive a modest Medicaidfunded
stipend each month to help cover the costs of the inhome care they provide for their friend or loved one. Often
these caregivers have no idea they have been made SEIU members or are paying up to 1000 per year to the
union because their state government automatically deducts that money and sends it to the union before the
provider ever receives payment. This collusion between state governments and unions has resulted in the
misuse by SEIU of hundreds of millions of dollars annually in HCBS waiver funds that is meant to provide
assistance to elderly ill or disabled individuals and lowincome families. In Washington state alone the dues skim
of Medicaid funds from the states home health care providers amounts to more than 20 million collected by
SEIU 775 each year. Between 2000 2017 SEIU 775 has skimmed nearly 200 million from home care providers in
the state. Every dollar siphoned to SEIU 775 is one less dollar available to assist the most vulnerable citizens of
our society and the people who care for them. Medicaid has a narrowly defined purpose to help our countrys
most vulnerable. Redirecting these funds to unions that arent directly helping program recipients should be
prohibited to maintain program integrity. The time is long overdue for CMS to issue definitive rules that protect
the rights of home care providers and maintain the integrity of the home based care program by ending the SEIU
dues skim. The proposed rule change would ensure the dollars intended for societys most vulnerable reach their

Ending the unions skim of home health care wagesErin ShannonDirector Center for Small Business and Labor ReformOctober 2017IntroductionEach year executives at the countrys largest government employees union Service Employees International Union (SEIU) exploit loopholes in the law to fill their coffers with millions of dollars in taxpayer money.Under the cover of collecting union dues or agency fees SEIU has arranged for some states like Washington to automatically take a portion of the more than41 billion the government sends every year to individual Medicaid recipients. The Medicaid money sent to lowincome elderly disabled or ill individuals is meantto enable them to pay for inhome care. Medicaid payments are sent directly to the individual inhome health care providers on behalf of their Medicaideligible client but in some states a portion of these payments are diverted to SEIU before the caregiver receives any money.Many of the home health care providers who are forced to pay SEIU dues or fees are taking care of a family member or a close friend in their home. Often these caregivers have no idea they have been made SEIU members or are paying nearly 1000 per year to the union because their state automatically deducts that money and sends it to the union before the provider ever receives payment. They receive a modest Medicaidfunded stipend each month to help cover the costs of the inhome care they provide for their friend or loved one.SEIU employs a similar scheme to siphon off a portion of the 11.4 billion of taxpayer dollars spent on the Child Care and Development Fund and Temporary Assistance for Needy Families programs. These programs provide federal block grant money to states to help lowincome families afford day care. Individual home based child care providers whose clients are eligible for these programs receive payment through the government grants and as with Medicaid a portion of their payment is first automatically taken by SEIU.These arrangements result in the misuse by SEIU of hundreds of millions of dollars annually in public money that is meant to provide assistance to elderly ill or disabled individuals and lowincome

BackgroundIn the mid1980s as union membership declined labor unions developed plans to increase their duespaying membership by unionizing statesubsidized individual inhome health care providers.1Home health care providers are individuals who contract with the state to provide inhome care to another person who is eligible for statesubsidized in home care services usually the elderly or people with disabilities. Often the person providing the care is a family member or a friend. An example would be a mother caring for her disabled adult daughter. These statesubsidized caregiving services are typically paid through the federal Medicaid entitlement program.The biggest obstacle to the unions plan for expanding duespaying membership was that these home caregivers were typically classified as privatesector workers who are not employed by the state and are generally not paid directly by thestate. They are care providers often family members as noted who are hired by the disabled or elderly person to assist in a private home and are paid from a government entitlement received by the client. As privatesector workers who are hired and employed by individuals and contract with the state for payment there was no way to organize caregivers and no common employer with which to collectively bargain.The Service Employees International Union (SEIU) began a statebystate political effort to change the classification of caregivers from privatesector workers to publicsector arguing caregiver providers are really publicsector employees because their services are funded though state dollars via the federal Medicaid program. Reclassification as a publicsector employee meant the state would technically be considered their employer and unions could require that those workers join the union and pay dues or agency fees.In 1999 SEIUs first success came in California when lawmakers passed such a bill to change the status of individual home health care workers from private employees to state employees.Passage of Initiative 775 in WashingtonTwo years later voters in Washington approved unionsponsored Initiative 775 which supporters described as a measure to establish an authority that has the power and duty to regulate and improve the quality of longterm healthcare services. Among the thirteen pages of initiative text establishing qualifications standards and training for publicly funded individual providers of inhome health care services was a provision allowing organized labor to unionize home care workers in the state.2A New Model of PublicSector Union Organization by Derek Wilcox Mackinac Center for Public Policy October 23 2012 at www.mackinac.org17796.Initiative 775 Washington

However Initiative 775 clearly specifies that individual providers are not actually employees of the state rather they were designated public employees solely for the purpose of collective bargaining.³ They are still legally employed by the person who hires them for caregiving services. SEIU the union that pioneered the strategy to gain union dues from individual home care providers by classifying them as state employees contributed more than 1 million to the campaign to pass the measure in Washington.⁴ After passage of Initiative 775 SEIU Local 775 was certified to act as the monopoly union representative for all home health care providers in Washington. Suddenly in-home caregivers in Washington were required to pay union dues or agency fees to SEIU Local 775 for representing them even if they did not want that representation. Even parents receiving state assistance to care for their disabled child are forced to pay union dues. The union does not even have to do the collecting the state automatically takes the union dues and fees from caregivers monthly earnings and passes the funds to SEIU. SEIU pushed for similar laws in other states and before long a dozen other states had followed the examples of California and Washington.⁵ By 2011 a total of 13 states reclassified different groups of state-subsidized in-home care providers as state employees. Three of those states subsequently repealed those laws.⁶ Those newly-created state employees must pay union dues or fees as a condition of providing care to their elderly or disabled family members. Of course most of these state employees are not really employees of the state. Like Washington most of the states specify that providers are considered state employees only for the purpose of collective bargaining. They receive none of the generous benefits that come with being a state employee but they must pay union dues or fees if they want to work as a caregiver. Meanwhile unions benefit from the millions of dollars of guaranteed revenue generated by the forced unionization scheme. Lawsuits restore workers' rights. Some home caregivers objected to the forced unionization plan and sued to recover their independence. In 2014 a ruling by the U.S. Supreme Court threw a monkey wrench in SEIU's dues-collecting scheme. *Ibid.*⁷

775 A Solution or a problem by Carol M. Ostrom The Seattle Times October 29 2001 at <http://community.seattletimes.nwsources.com/archive/date/2001/10/29/slug/thealthinitiative29m>. Big labor trickery on display in effort to unionize home care by Sean Higgins Washington Examiner October 31 2015 at www.washingtonexaminer.com/big-labor-trickery-on-display-in-effort-to-unionize-home-care/article2575302. The Practical Impact of Harris v. Quinn A Major Blow to Organized Labor by Andrew M. Grossman Cato Institute June

The Court ruled in *Harris v. Quinn* that designating providers as public employees only for the purposes of unionization makes them partial public employees who cannot be forced to participate in a union or pay union dues or agency fees. The Court noted that the customers (which can be family and friends) who hire the caregivers control most aspects of their employment including hiring assigning duties supervising disciplining and firing and other than compensating caregivers the states involvement in employment matters is minimal..⁷ SEIU strongly opposed the Courts ruling and has aggressively worked to prevent workers from exercising their right not to pay union dues or fees.⁸ SEIU dues skims are still active in 11 states including Washington. The Washington experience In 2001 Washington voters approved Initiative 775 allowing individual home health care providers to unionize by reclassifying them from private workers to state employees. After passage of Initiative 775 SEIU Local 775 began collecting dues from 40000 individual home care providers in Washington. A few years later Washington lawmakers passed legislation reclassifying the states homebased child care providers as public employees for the purpose of unionizing.⁹ By 2006 SEIU Local 925 was representing close to 8000 of them.¹⁰ The new laws allowing the unionization of inhome health and child care providers include a union security clause that forces all providers to pay SEIU dues or agency fees as a condition of working. This means those workers have no choice in paying SEIU. The state automatically extracts 3.2 percent of the earnings of home health care providers and two percent from home day care providers and sends it to SEIU. The SEIU dues skim of Medicaid benefits from Washington states home health care providers alone amounts to a staggering 27 million for SEIU 775 each year.¹¹ The *Harris et al. v. Quinn* Governor of Illinois et al. Supreme Court of the United States No. 11681 Argued January 21 2014 Decided June 30 2014 at www.supremecourt.gov/opinions13pdf11681j426.pdf. Freedom Foundation lands onetwo punch in effort to inform workers of their rights by Jeff Rhodes Freedom Foundation August 1 2016 at www.freedomfoundation.com [blogslibertylivefreedomfoundationlandsonetwopunchinefforttoinform workersoftheir](http://blogslibertylivefreedomfoundationlandsonetwopunchinefforttoinformworkersoftheir). Child care providers can unionize by Richard Roesler Spokesman Review March 16 2006 at www.spokesman.com/stories/2006mar16/childcareproviderscanunionize Supreme Court ruling on home care workers still reverberating in Washington by Brad Shannon The News Tribune December 12 2014 at

dues taken from the states day care providers generated several more million each year for SEIU 925.¹² Thanks to this constant influx of forcibly extracted union dues SEIU has become one of the states most active and potent political forces. As noted in an editorial by The Seattle Times The SEIU is the fastest growing union in America and the most politically active in Washington. Its sympathies are Democrat its acts opportunistic. In the 2004 primary it spent big money to knock out Seattle Democrat Helen Sommers chairwoman of the House Appropriations Committee. Sommers had blocked an SEIU contract. She survived but barely and the union sent an unmistakable message.¹³ However the U.S. Supreme Courts Harris v. Quinn ruling has threatened the SEIU dues skim scheme. In Washington in home health care and day care providers are among four employee groups considered public employees solely for the purposes of collective bargaining. As stated by the state Office of Financial Management Adult family home providers child care providers home care individual providers and language access providers are not state employees. They are only considered state employees for the purposes of collective bargaining.¹⁴ Based on the Courts Harris v. Quinn ruling these four groups are partial public employees and cannot be forced to participate in a union or pay union dues or agency fees. This means those workers now have the right to decide whether they want to pay a union to represent them. After the Harris ruling SEIU 925 complied and ceased the automatic deduction of monthly dues from homebased day care providers. The union must now get the written authorization of those providers before taking their money. Day care providers in Washington no longer have to pay SEIU 925 for representation they do not want. Federal labor filings from 2015 reveal close to 3500 day care providers have left the union since the Harris ruling.¹⁵ Hundreds of family child care providers exit SEIU following educational campaign by Maxford Nelson Director of Labor Policy Freedom Foundation May 12 2015 at www.freedomfoundation.com/blogs/libertylive/hundreds-offamilychildcareproviders-exit-seiu-following-educational-campaign Child care bill a new kind of law for the private sector by The Seattle Times staff March 4 2008 at www.seattletimes.com/opinion/childcarebill/new-kind-of-law-for-the-private-sector Learn about the collective bargaining process Washington State Office of Financial Management at www.ofm.wa.gov/labor/agreements/about.asp accessed September 8 2016. Thousands of workers leave SEIU due to Freedom Foundation Outreach by Maxford Nelson Director of Labor Policy Freedom Foundation October 7

However with 27 million annually in forcibly extracted dues at stake SEIU 775 executives have thrown up every obstacle they can imagine to prevent home health care workers from exercising their right to not financially support the union. The union has provided confusing information to members filed lawsuits and even sponsored a misleading (and widely criticized) ballot initiative in 2016 to keep home care providers from being informed.¹⁶ In addition to those tactics SEIU 775 skirted the spirit of the Supreme Court ruling with an optout system that puts the burden of stopping dues collection on inhome health care providers.¹⁷ The state continues to automatically take dues on the unions behalf until the union receives a written request from the provider to stop. Worse SEIU 775 has made the optout system confusing and difficult limiting the option to a small window of time of not less than thirty (30) and not more than fortyfive (45) days prior to the annual anniversary date of the authorization.¹⁸ So home health care providers in Washington have just 15 days each year to submit the necessary written request to prevent the state from automatically diverting a portion of their paycheck to SEIU 775.

The Solution It is clear SEIU will not willingly give up a corrupt scheme that generates tens of millions of dollars for them each year. Given the unions determination to figure out ways around the Harris v. Quinn decision the time is right for the Trump Administration to issue definitive rules that protect the rights of workers and end the SEIU dues skim.

The Mackinac Center for Public Policy has published a thorough and comprehensive guide How to Stop the Dues Skim of Federal Home Health Care and Child Care Funding explaining how the U.S. Department of Health and Human Services can easily end this practice immediately. With the Centers permission that report is reprinted in its entirety at the end of this paper.

Citizens Guide to Initiative 1501 To change the states Public Records Act to further the special interests of organized labor by Erin Shannon Director Center for Small Business and Labor Reform Washington Policy Center September 2016 at www.washingtonpolicy.org/library/docLib922ShannonCitizensGuidetoI1501Color.pdf

Harris v. Quinn lives in Washington by Jason Mercier Director Center for Government Reform Washington Policy Center October 4 2017 at www.washingtonpolicy.org/publications/detail/harrisvquinnlivesinwashington.

Six Ways SEIU 775 is Getting Around Harris v. Quinn by Maxford Nelson Director of Labor Policy Freedom Foundation on May 18 2016 at

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About the Author Erin Shannon is the Director of the Center for Small Business and Labor Reform at Washington Policy Center and manages WPCs Olympia office. She has testified numerous times before legislative committees on small business and labor issues. Her opeds regularly appear in newspapers around the state including The Seattle Times and The Puget Sound Business Journal and she has been interviewed on numerous radio and TV programs including Fox News CNN Money and Stossel with John Stossel on Fox Business. Before joining Washington Policy Center Erin was the Public Relations Director of Washington states largest prosmall business trade association and was formerly a Legislative Correspondent for U.S. Congressman Randy Tate in Washington D.C. Over the past 15 years she has appeared regularly in print broadcast and radio media. She was a recurring guest on ABCs Bill Mahers Politically Incorrect until the shows cancellation in 2002 and participated in a live onstage version of Politically Incorrect in Seattle with Bill Maher. Erin has served as the spokesperson for several prosmall business initiative campaigns including repealing increases in unemployment insurance taxes repealing the states ergonomics rule and ending the states monopoly on workers compensation. Erin holds a bachelors degree in

MAY 3 2017 S201703 ISBN 9781942502142How to Stop the Dues Skim of Federal Home Health Care and Child Care FundingBy Sam AdolphsenIntroductionUnited States taxpayers currently spend 545 billion annually on the federal governments Medicaid program.¹ This money is meant to aid the disabled and vulnerable and to support lowincome families. However millions of these dollars are being redirected before they ever reach the people they are meant to support.About 41.5 billion of Medicaid funds are sent to states through the Home and CommunityBased Services waiver program.² This waiver allows those eligible for Medicaid individuals suffering from a disability illness or other affliction to use these funds to pay for inhome care as opposed to enrolling in an institution. These inhome services are often provided by family members or friends or other local independent providers. Medicaid payments are sent directly to these providers on behalf of their Medicaideligible client.In many states unfortunately a portion of these payments are redirected and never reach these caregivers. This is because one of the largestABOUT THE AUTHORSam Adolphsen is the vice president at Rockwood Solutions. He previously served as chief operating officer and deputy commissioner of finance at the Maine Department of Health and Human Services. In these roles he was responsible for oversight of the states 3.5 billion annual budget and the welfare fraud and welfare eligibility offices.Acknowledgements The author would like to thank Maura D. Corrigan Esq. visiting fellow at the American Enterprise Institute from 20152016 director of Michigan Department of Health and Human Services from 2011 2014 and appellate judge from 19922011 for reviewing a copy of this manuscript.government employee unions in the country the Service Employees International Union has arranged for states to deduct union dues out of these payments and remit them directly to the SEIU. It is not clear what benefit the SEIU or its affiliates provide Medicaid patients or those who care for them in exchange for these union dues.A similar arrangement exists concerning the 11.4 billion of state and federal funds spent through the Child Care and Development Fund and Temporary Assistance for Needy Families programs.³ These programs are meant to help lowincome families afford child care. But government employee unions take a portion of the payments sent to child care providers whose clients are eligible for these programs. Most of these day care providers are independent contractors offering services out of their own homes.These arrangements result in the misuse of millions of dollars annually that is meant to provide assistance to disabled individuals and lowincome families.Fortunately the loopholes that have been exploited to carry out these inappropriate diversions of federal funding can be closed. The U.S. Department of

Overview of Medicaid Waivers: The federal Medicaid program is meant to provide services and support for the neediest people in the United States—the poor, disabled, ill, and elderly. Funded by tax dollars through state funds and Federal Financial Participation matching funds, the program has grown dramatically in recent years in cost, participation, and complexity. In fact, Medicaid costs increased by about 10 percent in 2015 and another 6 percent in 2016.⁴ Medicaid pays for critical services for many Americans. Medicaid waivers allow disabled individuals to receive care in their own homes or community if they so choose and avoid enrolling in an institution—a much more costly option. Waivers are provided through the Home and Community Based Services program. Most of the time, these in-home services are provided by family members or friends who care for patients in their homes and then are paid by Medicaid. Almost one million individuals received care through HCBS waivers in 2009.⁵ The HCBS waiver waives standard Medicaid rules that require a person to be in a certain medical setting to receive matching funds from the federal government. For a state to receive such a waiver, it must be cost neutral, ensure that the client has a choice, and ensure that the in-home care is of sufficient quality. This process is authorized through the Social Security Act.⁶

Overview of Dues Skim: But not all of these Medicaid funds are reaching their intended recipients. Instead, the Service Employees International Union (SEIU) is skimming off a portion of these funds as union dues. This dues skim redirects to the SEIU and its affiliates an estimated 200 million annually from Medicaid funds meant to assist low-income disabled, ill, and elderly patients and their providers. An estimated 500,000 providers are affected, the majority of whom are family and friends caring for loved ones.⁷ This affects Medicaid recipients all across the country. There are confirmed cases in the Northeast in Vermont, Massachusetts, Connecticut, and Maryland, and in the Midwest in Illinois and Minnesota, and on the West Coast in California, Oregon, and Washington.⁸ It is not clear how these providers, most of whom are providing services to their family members in their own homes, qualify as unionized employees. They operate independently and work for themselves; they have no employer for the union to bargain with on their behalf. It appears that states have allowed the SEIU to unionize these providers and operate this dues skim simply because these providers receive Medicaid payments. This is problematic and suggests that anyone receiving government aid such as SNAP payments, housing subsidies, Pell grants, WIC vouchers, and more could be subject to unionization and forced to surrender some of their benefit to a government employee union. Many of the caregivers of Medicaid-eligible patients are unaware that they are SEIU union members. This is likely because many state governments act as a pass-through for these Medicaid payments and automatically deduct dues and remit these to the SEIU and its affiliates. Often the process for certifying the union as the exclusive

their bargaining representative even though only about 20 percent of election ballots were returned through the mail. Subsequently the state automatically deducted 30 a month from the Haynes Medicaid stipend and sent that money to the SEIU instead.¹⁰ Robert Haynes himself highlighted the injustice of the situation: "We're not even home health care workers. We're just parents taking care of our kids. They are basically like six-month-olds in adult bodies. They need to be fed and they wear diapers. We could sure use that 30 a month that's being sent to the union."¹¹ The state of Michigan eventually put an end to this dues skim but Mackinac Center analysts estimated that the SEIU diverted a total of 34 million in payments designated for Medicaid recipients.¹²

Harris v. Quinn Case and Lingering Problems This issue came to the national forefront in a U.S. Supreme Court case in 2014. The Court ruled in *Harris v. Quinn* that it was unlawful for the state of Illinois to force home health care workers to financially support a labor organization like the SEIU.¹³ Despite this ruling the court did not disallow Medicaid funds from being funneled to unions through other means and similar dues skims are still active across the country. A recent case in Minnesota involving home health care providers highlights the problems that still remain with these arrangements. In 2014 the SEIU organized almost 30,000 home health care providers in Minnesota with only 3,543 (13 percent) voting in favor of unionization.¹⁴ Because of the *Harris v. Quinn* ruling the union could not force all home health care providers to pay dues or fees. For those that did not opt out of the unions representation 3 percent of their Medicaid payments which could add up to almost 1,000 a year were deducted and redirected to the SEIU affiliate in Minnesota.¹⁵ But some of these providers allege that they were having dues deducted from their Medicaid payments without their authorization. Patricia Johansen from Fergus Falls, Minn., told the *Washington Examiner* it took her four months to realize the SEIU was taking money from the Medicaid subsidies she receives for providing in-home care for her two disabled grandchildren. When she asked the union about this they claimed they had her signature of approval on file. After examining the signature Johansen maintains that it is not her signature and must have been forged. It appears to be written by a righthanded person Johansen claims and she is lefthanded.¹⁶

Why HHS Should End the Dues Skim There are several reasons why it is important to stop these practices and ensure that all federal and state Medicaid funds are used to benefit their intended recipients. Skimming funds directly from Medicaid payments takes resources from a fixed pot of money that is meant to help the disabled. No matter how unions or any other association or group finds a way to redirect Medicaid funds it is taking resources away from Medicaid's intended beneficiaries. The home health care provider is paid this stipend for one reason: to care for the disabled. To have funds be redirected to a group that does not provide federally approved Medicaid services is wasteful. Unions who have

Redirecting Medicaid payments for union dues contributes to the home health care worker shortage. There is a nationwide shortage of home health care workers that has reached a crisis level according to many reports. In Minnesota, New York, and Rhode Island, there is such a shortage of workers that many families are turning back to more costly institutions to care for their loved ones.¹⁷ In most cases, low pay is cited as the reason for this shortage. Many of the family members and friends who provide in-home health care to Medicaid-eligible individuals make significant sacrifices, including financial ones, to do so. When a portion of the modest stipend they receive is skimmed off and redirected to a union, it makes it more difficult for these providers to offer this care. If fewer of these providers can offer this care, it could lead to an increase in institutional care, which is more costly for taxpayers and less favorable for Medicaid-eligible individuals. By ending these dues skims, home health care providers will get an instant raise in their pay with no additional cost to state or federal budgets. This would be one piece of a larger solution to help promote adequate access to service providers for the disabled and needy going forward. Paying union dues with Medicaid money redirects these funds from their intended purpose. Home and Community-Based Services waivers do not allow federal Medicaid payments to be used to pay for room and board or educational or supported employment services outside of a few narrow exceptions.¹⁸ Why then should federal and state Medicaid funds be used to pay the salaries of union officials? If the federal code disallows funds meant for the disabled and needy to go to something as basic as room and board and educational services, the funds certainly shouldn't be allowed to support a third party that does not provide direct services to Medicaid recipients. The funding for the HCBS program is meant for the narrow purpose of providing in-home health care that ensures that an individual can avoid the more costly institutional setting and get the care they need right from the convenience of their own home or community. This narrow purpose should prohibit redirecting these funds for union purposes. Federal law pertaining to Social Security is also clear that the secretary must not grant waivers to states unless states can assure financial accountability for funds expended with respect to such services.¹⁹ Allowing federal funds to flow directly from Medicaid to labor organizations does not seem to meet this requirement.

Overview of Child Care Dues Skim These dues skim arrangements are unfortunately not contained to home health care providers. Another federally funded service meant to support low-income families has been targeted by unions as well. In-home day care providers, who primarily take care of young children while their parents work, receive federal and state subsidies on behalf of the low-income families they serve. Just like home health care providers, they have been subject to unionization drives and have had a portion of their government payments automatically deducted as union dues. In Michigan, daycare providers

via block grants and amounts to more than 5 billion in federal funding each year.²² The second significant source of funds that is used for child care is the Temporary Assistance for Needy Families block grant. Along with directly funding child care through the TANF program states are also allowed to transfer up to 30 percent of their TANF funds to CCDF. In 2014 states spent a total of 2.6 billion in federal TANF funds on child care services either directly or through transfers.²³ Like Medicaid these funds are meant for limited and specifically defined purposes. Paying union dues is not one of these. If in-home day care providers want to unionize and pay dues they should do so with their own income not the money meant to support low income families access to child care. How the Trump Administration Can End the Home Health Care Dues Skim Immediately Issue letter clarifying that deducting union dues from Medicaid payments is an inappropriate use of funds HHS Secretary Tom Price could issue a letter to each state that explicitly states that to qualify as a home and community-based setting eligible to receive payment under an HCBS waiver the full Medicaid payment must be paid to the provider of services with no deductions. States that do not comply would jeopardize their HCBS waiver status in accordance with 42 CFR 441.301(c)(4). The U.S. Code of Federal Regulations states Unless the Medicaid agency provides the following satisfactory assurances to the Centers for Medicare & Medicaid Services CMS will not grant a waiver under this subpart and may terminate a waiver already granted.²⁴ Specifically it says that states must provide assurance that services are provided in home and community based settings as specified in section 441.301(c)(4) of the Code of Federal Regulations.²⁵ This section defines what is allowable as a home and community based setting such as one that ensures an individual's rights of privacy dignity and respect and freedom from coercion and restraint and one that facilitates individual choice regarding services and supports and who provides them.²⁶ The secretary of HHS has the discretion to determine the acceptable definition of an allowable home and community-based setting. Section 42 CFR 441.710 states Home and community-based settings must have all of the following qualities and such other qualities as the Secretary determines to be appropriate based on the needs of the individual (emphasis added).²⁷ Using these rules the secretary could determine that to qualify as an appropriate setting states must have the full amount of Medicaid funds transferred directly to the provider assisting the patient with no deductions to third parties allowed. This is in line with the spirit of cost neutrality that must be maintained in waiver services because it ensures funds are maximized for the client.²⁸ This action would preclude any funds meant for home health care services going directly to any organization association or individual who is not the service provider. This would not prevent home health care providers from unionizing or paying union dues if they so choose. If a provider chooses to pay dues to a union they must do so out of their

directly to the Medicaid eligible individual. The federal financial participation element of the HCBS program the match portion of Medicaid paid by the federal government should be reserved for the patients and providers who care for them. There is precedent in current rules to restrict the use of these funds. For instance there are so-called limits on Federal financial participation that describe what cannot be paid for with federal funds under the HCBS waiver.²⁹ Under these current rules for example HCBS funds may not be used to pay for room and board or educational services.³⁰ New rules could be created in this section that make FFP unavailable for any costs incurred as a result of the provider joining an association union or other group that does not directly assist in administering services to the client.³¹ The federal government will ensure that this rule is adhered to by denying waiver requests that do not demonstrate compliance and by rejecting requests for FFP where a state is out of alignment with the rule.

How to Stop the Child Care Provider Dues Skim

Child care is a significant area of need in the U.S. especially for low-income individuals and families. Day care providers who serve these families should not have their limited compensation diverted to pay for union dues. To stop the dues skim of child care funds current CCDF and TANF rules should be amended. Similar to the home health care rules new rules would explicitly forbid any portion of these funds from being deducted or diverted before they reach their intended recipient.

Child Care and Development Funds

To stop the seizure of CCDF funds taken from child care payments the secretary of HHS should promulgate a rule to amend regulations and disallow the use of these funds for union dues prior to the payment having reached the provider. This can be done by making an addition to the rules that restrict the use of CCDF funds.³² These rules already prohibit the use of these funds for certain purposes such as construction school tuition and for any sectarian purpose.³³ The secretary can add a rule to this section that names union dues or association fees in the list of items disallowed to receive CCDF funding. It might look something like the following:

(f) Union Dues or Association Fees. The CCDF may not be used as a funding source for union dues or association fees. Of course a child care provider after they receive their payment of CCDF funds for providing services to an eligible client may freely choose to join a union and pay dues. This new rule would simply restrict the use of those payments from being made prior to the full subsidy reaching the child care provider.

Temporary Assistance for Needy Families

TANF funds which are given to states in the form of a block grant are very flexible. It is made clear in the rules guiding the use of these funds however that TANF funds must be used to serve one of the following purposes: Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; End the dependence of needy parents on government benefits by promoting job preparation work and marriage; Prevent and reduce the incidence of Any use of funds that violate this section of rules is considered to be a misuse of funds.³⁵ To ensure that TANF funds are not used to pay union dues or association fees the secretary can insert additional language (at 45 CFR 263.11) such as the following:

(c) States may not use TANF funds for payment of union dues or association fees. In addition the secretary can also amend part (b) of these rules to say We will consider use of funds in violation of paragraph (a) and paragraph (c) of this section ... to be misuse of funds (emphasis added).³⁶ This would restrict states or other third parties from deducting any amount from TANF payments.

Conclusion

Across the country millions of dollars are being taken from providers of home health care services for the disabled and from day care providers serving low income families. These dollars are being diverted to fund union organizations. This diversion of federal funds meant for the sick needy and children from low income backgrounds should be explicitly barred by the federal government. Thousands of friends and family members caring for their relatives in their homes are having their limited paycheck reduced even further often without their knowledge. The same is true for day care providers across the country. These arrangements should be put to a stop. The Department of Health and Human Services can stop this practice immediately by clarifying and amending existing rules. Federal rules already limit the use of these funds so these rule changes amount to little more than just adding restrictions to the use of these funds. This rulemaking will safeguard each taxpayer dollar meant for these vulnerable populations and guarantee that it reaches the recipient to whom it is intended and pay for the

ENDNOTES/NOTE FOOT SHEET (CENTERS FOR MEDICARE/MEDICAID SERVICES/MARCH 21, 2017)

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Board of Directors: Hon. Clifford W. Taylor Chairman, Retired Chief Justice Michigan Supreme Court Joseph G. Lehman President Mackinac Center for Public Policy Daniel J. Graf Chief Investment Officer Amerisure Mutual Holdings Inc. Dulce M. Fuller Owner Woodward and Maple Richard G. Haworth Chairman Emeritus Haworth Inc. Kent B. Herrick President and CEO Thermogly J.C. Huizenga President Westwater Group Edward C. Levy Jr. President Edw. C. Levy Co. Rodney M. Lockwood Jr. President Lockwood Construction Company Inc. Joseph P. Maguire President Wolverine Development Corporation Richard D. McLellan Attorney McLellan Law Offices Dr. Joseph Olson Retired Senior Vice President and General Counsel Amerisure Companies Board of Scholars Dr. Donald Alexander Western Michigan University Dr. Thomas Bertonneau SUNY Owego Dr. Brad Birzer Hillsdale College Dr. Peter Boettke George Mason University Dr. Theodore Bolema Mercatus Center Dr. Michael Clark Hillsdale College Dr. Daniel Crane University of Michigan Law School Dr. Christopher Douglas University of Michigan Flint Dr. Jefferson Edgens University of Wyoming Dr. Ross Emmett Michigan State University Dr. Sarah Estelle Hope College Dr. David Felbeck University of Michigan (ret.) Dr. Burton Folsom Hillsdale College John Grether Northwood University Dr. Michael Heberling Baker College Dr. David Hebert Troy University Dr. Michael Hicks Ball State University Dr. Ormand Hook Mecosta Osceola Intermediate School District Robert Hunter Mackinac Center for Public Policy Prof. Harry Hutchison George Mason University School of Law Dr. David Janda Institute for Preventative Sports Medicine Annette Kirk Russell Kirk Center for Cultural Renewal David Littmann Mackinac Center for Public Policy Dr. Dale Matcheck Northwood University Charles Meiser Lake Superior State University (ret.) Dr. Glenn Moots Northwood University Dr. George Nastas III Marketing Consultants Dr. Todd Nesbit Ohio State University Dr. John Pafford Northwood University Dr. Mark Perry University of Michigan Flint Lawrence W. Reed Foundation for Economic Education Gregory Rehmke Economic Thinking E Pluribus Unum Films Dr. Steve Safranek Private Sector General Counsel Dr. Howard Schwartz Oakland University Dr. Martha Seger Federal Reserve Board (ret.) James Sheehan Deutsche Bank Securities Rev. Robert Sirico Acton Institute for the Study of Religion and Liberty Dr. Bradley Smith Capital University Law School Dr. Jason Taylor Central Michigan University Dr. John Taylor Wayne State University Dr. Richard K. Vedder Ohio University Prof. Harry Veryser Jr. University of Detroit Mercy John Walter Jr. Dow Corning Corporation (ret.) Mike Winther Institute for Principle Studies Dr. Gary Wolfram Hillsdale College Guarantee of Quality Scholarship The Mackinac Center for Public Policy is committed to delivering the highest quality and most reliable research on Michigan issues. The Center guarantees that all original factual data are true and correct and that information attributed to other sources is accurately represented. The Center encourages rigorous critique of its research. If the accuracy of any material fact or California Attorney General Xavier Becerra and California State Controller Betty T. Yee urge the U.S. Department of Health and Human Services to withdraw the Proposed Rule, which seeks to impair States' ability to make payments for Medicaid homecare provider benefits, such as healthcare, or voluntary union dues. See attached

August 13 2018 Via Federal eRulemaking Portal Secretary Alex M. Azar II Administrator Seema Verma Centers for Medicare Medicaid Services U.S. Department of Health and Human Services Hubert H. Humphrey Building Room 445G 200 Independence Avenue SW Washington DC 20201 REComments on Proposed Rule Reassignment of Medicaid Provider Claims 83 Fed. Reg. 32252 (July 12 2018) RIN 0938AT61 Dear Secretary Azar and Administrator Verma We urge the U.S. Department of Health and Human Services (HHS) to withdraw the Proposed Rule Reassignment of Medicaid Provider Claims 83 Fed. Reg. 32252 (July 12 2018) RIN 0938AT61 (Proposed Rule) which seeks to impair States ability to make payments for Medicaid homecare provider benefits such as healthcare or voluntary union dues. Such an action would exceed HHSs authority under the Medicaid Act 42 U.S.C. 1396 et seq. and intrude upon state sovereignty. It undermines California laws permitting collective bargaining of Medicaid providers which promote a stable homecare workforce. Importantly it could deprive over half a million Californians with disabilities of the benefits of a stable competent and effective homecare provider workforce and could have significant longterm negative impacts on these individuals. We strongly oppose this rule and urge that the Rule be withdrawn. The Proposed Rule seeks to target states like California that have invested in self directed services models which help allow seniors and individuals with disabilities to live with independence and autonomy. Originally pioneered by the State of California in 1974 selfdirected personal care services provide individuals with disabilities assistance in a wide range of activities of daily living. This allows beneficiaries to live safely at home and in the community instead of in institutions. Cal. Welf. Inst. Code 12300(a). As a result of the states leadership our InHome Supportive Services (IHSS) program is the largest Medicaid selfdirected service model in the nation with more than 550000 beneficiaries across California

In this delivery system the beneficiary is the employer of the provider whom he or she hires to provide authorized inhome care. Cal. Welf. Inst. Code 12302. He or she has the right to hire fire and supervise the Medicaid providers work. Cal. Welf. Inst. Code 12301.6(c) 12302.25 12302.5(b). The overwhelming majority of IHSS beneficiaries use this service delivery mode which ensures that beneficiaries are able to direct and control their care without having to perform a typical employers payroll responsibilities. Meanwhile the California Department of Social Services (CDSS) is responsible for providing administrative direction to and oversight of the fiftyeight counties. 1 HHS proposes to rescind 42 C.F.R. Section 447.10(g)(4) a regulation which provides for payment of benefits such as health insurance skills training and other benefits customary for employees for Medicaid providers like IHSS workers. This rule change would have no immediate effect for the reasons described below the Medicaid Act itself does not prohibit standard payroll deductions for voluntarily employee benefits or union dues and rescission of the regulation would not accomplish such a ban. If HHS were to take action to ban payment of employee benefits however this would harm California. Californias Unionization of IHSS Homecare Providers California was the first state in the nation to seek to improve the quality and stability of the Medicaid homecare provider workforce by extending its public sector bargaining laws to include IHSS workers. 1992 Cal. Stats. Ch. 722 54 1993 Cal. Stats. Ch. 69 55. County level public authorities (or the county or a nonprofit consortium) act as employers for the purpose of wages benefits and other terms and conditions of employment. Cal. Welf. Inst. Code 12301.6(h). The public authorities are therefore deemed to be the employer of IHSS providers for the limited purpose of collective bargaining under the MeyersMiliiasBrown Act (MMBA). 2 Public authorities negotiate with local unions regarding such activities as offering training opportunities referral programs and optimizing wage and benefit packages to allow recruitment and retention of a more talented and trained pool of homecare workers. During orientation new providers are offered the choice to join a union and receive any ancillary benefits associated with union membership. Home care workers in fiftyseven of Californias fiftyeight counties have voted in favor of unionization. Statewide as of June 2017 250081 of 494564 active IHSS homecare providers or just over half requested a deduction from their paychecks for 1 CDSS facilitates state and federal funding to the counties and operates the Case Management Information and Payrolling System to assist

voluntary union dues. Since the Supreme Courts decision in Harris v. Quinn 134 S.Ct. 2618 (2014) nonunion members are no longer required to pay fair share or agency fees to cover the costs of collective bargaining therefore only providers who voluntarily join the union pay dues. As of June 2017 87872 active IHSS providers had a voluntary deduction for collectively bargained health care dental care transportation subsidies or other benefits. Although the content of countybased collective bargaining agreements in California varies widely most provide wages and benefits that exceed those that were available to IHSS providers prior to the introduction of collective bargaining. For example some unionnegotiated contracts provide for additional free training on first aid and other professionallyrelevant topics stipends for trainings arranged by the county public authority reimbursements for training materials andor free safety supplies (e.g. gloves and masks). Other collective bargaining agreements provide various types of health dental and vision benefits life insurance benefits paid time off and transportation subsidies (both gas cards and public transit passes) for homecare providers. Paychecks for IHSS providers are issued directly by the State of California. The State Controller shall make any deductions from the wages of inhome supportive services personnel who are employees of a public authority that are agreed to by that public authority in collective bargaining with the designated representative of the in home supportive services personnel and transfer the deducted funds as directed in that agreement. Cal. Welf. Inst. Code 12301.6(i)(2). Pursuant to this statutory authority the State makes all agreedupon deductions from IHSS homecare providers paychecks. These payroll deductions encompass collectively bargained benefits including union dues. State law requires the State Controller to automatically deduct all authorized deductions including union dues from providers paychecks.³ California law similarly authorizes the direct deduction of collectively bargained benefits including union dues across all public sector employees. Cal. Labor Code 224. HHSs Interpretation Exceeds its Authority Under the Medicaid Act HHSs proposal to remove paragraph (g)(4) of 42 C.F.R Section 447.10 with the intent to eliminate a states ability to divert Medicaid payments away from providers is deeply troubling to California and outside the bounds of the Medicaid Act. The rule change is purported to be based on Section 1903(a)(32) of the Social Security Act a provision which bars the assignment of rights to collect payment for Medicaid services to third parties no payment . . . for any care or

providing such care or service under an assignment or power of attorney or otherwise. 42 U.S.C. 1396a(a)(32). The purpose of Section 1903(a)(32) was to prevent abuses stemming from factoring or the resale of accounts receivable for a percentage of their face value. 77 Fed. Reg. 26381. The Proposed Rule claims that Section 447.10(g)(4) is overbroad and insufficiently linked to the exceptions expressly permitted by the statute. 83 Fed. Reg. 32252. But this interpretation by HHS reflects a misunderstanding of the Medicaid Act provision. Neither the language of the statute nor its legislative history nor recent implementing regulations support HHS's novel interpretation of this law to prohibit customary employee payroll deductions. Interpretation of the Medicaid Act's antifactoring provision to forbid voluntary employee deductions is a misinterpretation of that law. Voluntary employee benefit deductions are not payments made under an assignment or power of attorney. Union members do not assign their right to receive IHSS payments to their union or grant their union any power of attorney. All payroll deductions are taken from payments to those who actually provided qualifying services and are limited to those amounts set forth in collective bargaining agreements. Collective bargaining agreements do not constitute power of attorney. Nor can the additional phrase or otherwise be reasonably construed to cover such deductions. In the context of the sentence or otherwise refers only to mechanisms similar to an assignment or power of attorney that permit third parties to act in the providers' stead in seeking Medicaid payments and thus present a similar potential for abuse. Unions cannot independently bill for Medicaid services and there is no secondary market for the reselling of union dues deductions or other payroll deductions for employee benefits. They are no different from deductions from provider payments for tax purposes or payments to health maintenance organizations under 42 C.F.R. 447.10(g)(3) which also clearly represent legal withholdings of Medicaid provider payments. Legislative history of Section 1903(a)(32) of the Medicaid Act makes clear that Congress enacted that provision to prohibit factoring.⁴ Just four years ago HHS itself confirmed that understanding of the legislative intent of Section 1903(a)(32) when it promulgated the 2014 final rulemaking concluding that the purpose of section (a)(32) was to prohibit factoring arrangements and not to preclude a Medicaid program that is functioning as the practitioners' primary source of revenue from fulfilling the basic responsibilities that are associated with that role.⁵ Standard payroll deductions do not create any risk of fraud or abuse stemming from inflated or incorrect claims.⁴ According to a 1971 House Report such reassignments have been a source of incorrect and inflated claims for service and have created administrative problems with respect

Any interpretation of Section 1903(a)(32) to prohibit California state law and practice with respect for IHSS is unjustified. The Proposed Rule reinterprets this provision which is an unjustified departure from the agency's own recent duly authorized notice-and-comment rulemaking. HHS has acknowledged that deductions used to pay costs customary for employees fall within the scope of this regulation.⁶ The anti factoring provision does not authorize creation of new exceptions. HHS cites to no caselaw that would support or mandate its change in interpretation.

HHS's New Interpretation Would Harm State Interests

Any new regulatory action to prohibit longstanding state practices of allowing employee payroll deductions for health care union dues and other voluntary elections would seriously harm the interests of California. California has a strong interest in permitting collective bargaining among IHSS homecare providers. In-home care is difficult and often physically demanding work. Historically homecare providers have faced low wages few benefits frequent injuries and unpredictable hours with no means to collectively address such challenges with their individual beneficiary employers. Prior to unionization IHSS providers earned the state minimum wage which was 4.25 at the time and none received benefits of any kind.⁷ In part for these reasons the homecare workforce has typically had a high rate of turnover. Unionization has led to increased retention and training among workers helping to create a more stable efficient and high quality provider workforce. As of March 2018 IHSS provider wages ranged from 11 to 14 per hour and in 38 counties employee benefits plus wages were above the state minimum wage. Some county collective bargaining agreements provide free trainings on such topics as first aid and cardiopulmonary resuscitation as well as stipends and reimbursements for other trainings. In turn better wages and benefits reduces turnover. One study of IHSS providers in San Francisco County found that the annual retention rate of new providers rose from 39 percent to 78 percent following significant wage and benefit increases and that a 1 increase in the wage rate would increase retention by 17 percentage points.⁸ The addition of health insurance as a benefit also significantly increased retention rates.

Automatic deduction allows for an efficient means of operating IHSS. HHS suggests that if Subsection (g)(4) is rescinded states will be able to elect to maintain the same level of payment or to elect to decrease payment levels. 83 Fed. Reg. 32254. This⁶ See 79 Fed. Reg. 3001 (Jan. 16 2014) (final regulation permits deductions for health and welfare benefit contributions training costs and other costs customary for employees.)⁷ Candace Howes Living Wages and Retention of Homecare Workers in San Francisco

framing is incorrect and suggests a misunderstanding of the relationship between union dues and negotiated employee benefits and overall Medicaid provider rates. Eliminating Subsection (g)(4) will not alter existing collective bargaining agreements and will have no immediate effect on provider wages union members dues or the costs of negotiated benefits. In the long run however if unions collective bargaining power is reduced that might negatively affect their ability to serve their members. Substantial reliance interests depend upon Californias ability to directly debit collectively bargained for benefits. Arrangements for steady payment of union dues have been in place for many years and disruption would threaten the stability of countybased collective bargaining agreements all of which assume direct deduction of union dues. Unions would likely have to reduce the technical advice and training they provide to home care providers as well as curtail participation in stakeholder bodies that address access service delivery and quality of care issues in the IHSS program.⁹ Weakening unions will have a detrimental impact on IHSS beneficiaries. IHSS homecare provider unions are integral to Californias provision of dignified high quality inhome care. Any changes to the IHSS program that reduce the quality or stability of these providers would create real human costs for the beneficiaries of those programs. IHSS beneficiaries and their providers have identified an inextricable link between working conditions and the quality of patient care.¹⁰ A higher quality workforce empowers consumers to stay in their own homes all the while saving the state money that would otherwise be spent on institutionalization. HHSs Interpretation of the Medicaid Act Targets States with Consumer Directed Programs HHSs interpretation of Section 1903(a)(32) unfairly and disproportionately targets states that choose to invest in consumer directed options for long term services and supports. These types of services help afford seniors and individuals with disabilities personal autonomy by among other things giving the individual the opportunity to decide where and with whom to live to control the services provided and to decide who will provide the services to enable the individual to actively participate in community life. These programs are also a critical part of how California implements the U.S. Supreme Court decision of *Olmstead v. L.C.* 527 U.S. 581 (1999) which prompted⁹ For example in California IHSS professional provider representatives have given valuable input on such diverse policy matters as the IHSS provider orientation curriculum implementation of the U.S. Department of Labors Final Rule applying the Fair Labor Standards Act to domestic services and development of the States Uniform Statewide Protocols for Program Integrity Activities.¹⁰ Linda Delp Katie

expansion of Medicaid home and communitybased services to address the courts finding that institutionalization of individuals who could receive care in a community based setting violated the Americans with Disabilities Act. As HHSs own research shows the consumer directed model outperforms the professional management model on several key measures of client satisfaction empowerment and quality of life.¹¹HHSs Rulemaking Process is InadequateRescission of Subsection (g)(4) would be particularly unreasonable in light of the manner in which HHS proposed this Rule change. As explained in Californias July 23 2018 letter HHS does not indicate that it has any data that justifies the need for this Rule in the first place or any analysis of its impacts on home care workers beneficiaries or States. HHSs lack of sufficient information to fully understand the impacts of the Rule makes clear that there is no basis for HHS to change existing regulations. This is irresponsible and an abuse of the regulatory process.HHSs Intrusion into State Labor Laws Raises Federalism Concerns and Violates the Tenth AmendmentHHS purports in the Proposed Rule that Executive Order 13132 does not apply to this regulatory action because it does not have Federalism implications but this is incorrect. Implementation of the Proposed Rule in a way that disrupts Californias established law would represent major federal overreach. Indeed HHSs reinterpretation of the law would commandeer State governments and their subsidiaries in violation of the Tenth Amendment by regulating the States in their sovereign capacity *Reno v. Condon* 528 U.S. 144 151 (2000) and limiting State authority to regulate internal affairs and determine the duties and responsibilities of public employees *Gregory v. Ashcroft* 501 U.S. 452 460 (1991). Payroll deductions and collective bargaining are provided under authority of state law and these laws promote rather than inhibit the purpose of the Medicaid Act.ConclusionIn its proposed rulemaking HHS has exceeded its authority under the Medicaid Act and likely violates the U.S. Constitution and federal statutes. Furthermore it improperly undermines Californias sovereignty. The State of California has not requested this rule change and believes that HHSs action is misguided and unfairly targets states with consumerdirected programs and those that prioritize the unionization¹¹ Pamela Doty et al. InHome Supportive Services for the Elderly and Disables A Comparison of of provider workforces. There is no justification for promulgating a rule that would harm lowincome seniors and persons with disabilities and the providers who serve them.SincerelyXAVIER BECERRACalifornia Attorney GeneralBETTY T. YEECalifornia State Controller

PLEASE stop unions from collecting union dues from folks who have not consented to join the union, skimming is wrong and should be stopped and/or made illegal. Money people spend should go to what they intend it for, not to be dipped into for padding pockets.

Stop unions and all others from skimming medicaid now!
Do your job! Now!

Previous administrations enacted rules and regulations which permitted union leaders to skim funds in the form of dues away from Care Givers. I urge you to correct this horrible situation by rescinding such regulations

PLEASE STOP UNION DUES SKIMMING IMMEDIATELY!!! STOP GOVERNMENT UNIONS FROM ROBBING AMERICA'S CARE GIVERS!!! THANK YOU!!!

The Leadership Conference on Civil and Human Rights (The Leadership Conference) writes to comment on this notice of proposed rulemaking (NPRM) issued by the Centers for Medicare and Medicaid Services (CMS) which would repeal a current regulatory provision clarifying that states may make deductions from provider payments for costs such as health care and skills training without violating the Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the Social Security Act. The NPRM also indicates that CMS will newly apply the prohibition to authorized requests for deduction of union dues payments from certain Medicaid home care providers, singling out this type of deduction despite the fact that neither the statute nor regulations mention it. The Leadership Conference urges CMS to withdraw this proposed rule to protect economic security for the home health care workforce and to protect the rights of home care workers to join together and advocate for better

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 AAJC Policy and Enforcement Committee Chair Michael Lieberman Anti-Defamation League President CEO Vanita
 Gupta The Honorable Seema Verma Administrator Centers for Medicare Medicaid Services Department of
 Health and Human Services Attention CMS2413P P.O. Box 8016 Baltimore MD 21244-8016 RE CMS2413P
 Medicaid Program Reassignment of Medicaid Provider Claims Dear Ms. Verma The Leadership Conference on Civil
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 workforce and to protect the rights of home care workers to join together and advocate for better working
 conditions. The Leadership Conference on Civil and Human Rights is a coalition of more than 200 national
 organizations committed to protecting the civil and human rights of all persons in the United States. Our
 coalition stands against racial gender and economic injustice in all arenas including the workplace. We are

largest and fastest growing segment of the workforce in the home care field. Yet women of color in home care jobs are also more likely to live in poverty than home care workers who are men or white women.¹ The low wages and lack of benefits typical of the home care field make it especially critical that home care workers be able to come together to collectively demand better working conditions. The low wages paid to home care workers and often the lack of any benefits is a key challenge in ensuring access to home care services for elders and people with disabilities. It is no secret that there is a shortage of home care workers the vast majority of states have already reported serious or very serious shortages in the home care workforce generally² and the shortage of workers has affected Medicaid HCBS programs as well as the broader market for some time. A 2008 Institute of Medicine (IOM) report identified these challenges including not only low wages and lack of benefits but also high levels of physical and emotional stress and job-related injuries. This point becomes increasingly important as we consider the growing need for home care workers over the next few decades. A report by the Paraprofessional Healthcare Institute predicts that by 2050 the population of adults over the age of 65 will grow to 88 million.³ However the home care workforce is only expected to increase by 2 million in the next decade suggesting that the workforce will be insufficient to meet demands in coming years. If the home care workforce is to grow the home care industry will need to offer competitive jobs higher wages and improved working conditions for its employees. In addition to playing an important role in providing an opportunity for home care workers to improve their working conditions unions have helped address issues in the home care workforce and advanced civil rights protections for home care workers. Unions allow employees to collectively bargain in order to raise wages improve workplace safety and working conditions for all workers and are integral in challenging harassment and discrimination in the workplace especially for women and people of color. Unions also advocate to increase Medicaid funding and payment rates provide opportunities for home care workers to share their experiences with each other and create a mechanism to provide workers with a voice in decisions that affect them. In states where home care workers have formed unions providers employed by home care agencies are able to join a union and collectively bargain with the agency under the federal National Labor Relations Act (NLRA). The unique structure of the individual provider (IP) employment situation means that these workers do not have the same collective bargaining rights under the NLRA. Instead a number of states¹

Racial and Gender Disparities Within the Direct Care Workforce Five Key Findings. November 2017.
<https://phinational.org/wp-content/uploads/2017/11/RacialandGenderDisparitiesinDCWPHI2017.pdf>² PHI and Direct Care Workers Association of North Carolina The 2007 National Survey of State Initiatives on the Direct Care

Given that no stakeholder organization has identified the ability of workers to make deductions for dues and other benefits as a problem it is difficult to understand what policy problem CMS seeks to address with this NPRM. CMS provides little rationale for the NPRM beyond an apparently sudden and new concern that the provision is overbroad and insufficiently linked to the exceptions expressly permitted by the statute. 4 The Leadership Conference does not believe that this proposed action by CMS is about ensuring compliance with the reassignment provision or concern about the use of Medicaid funding. Rather it is an attack on home care workers and their ability to advocate for themselves by joining a union. Furthermore the NPRMs regulatory impact analysis mistakenly suggests that states may be increasing reimbursement levels in order to reassign portions of the provider payment to a third party and that they may lower those rates if providers are no longer able to deduct payments for dues or other benefits.5 However deductions made by states on behalf of home care workers for dues and other costs such as health benefits do not divert or siphon Medicaid dollars from any state Medicaid program. Rather individual provider home care workers receive payments from state Medicaid programs for services they provide to home care consumers. There is no diversion because the amount deducted for dues comes from the payment for services that has been made to the provider who voluntarily chooses to direct it to a union or other entity. If the worker chooses not to authorize dues deduction they keep the full payment for the home care work they have already performed. The Leadership Conference on Civil and Human Rights views this proposed rule as a blatant attempt to interfere with workers freedoms. Enabling workers to freely exercise the right to participate in unions to improve workplace conditions is one of the most effective efficient and comprehensive ways to translate promised equal opportunity into real economic security. Given the important role of unions in raising standards for the home care workforce it stands to reason that curtailing the ability of workers to participate in unions through application of the reassignment prohibition will have an adverse impact on them. For these reasons we urge you to withdraw the proposed rule. If you have any please do your jobs. Thank you.

In response to the proposed rule change (CMS-2413-P) that amends the 2014 clarification on the anti-reassignment prohibition, I submit the following comments for your consideration.
I contest the justification and interpretation behind this rule-making that the existing rules are overly broad. As CMS admits that there is data to support the assertion that Medicaid funds are being improperly directed to pay for home care workers unions. The impact of this rule would be to prohibit home care workers from directing their money to be applied as union dues.

The proposed rule would move the administrative cost from the professional payroll management at the agency to individual workers. This turns what is a nominal cost to the employer into an administrative quagmire and very burdensome obligation for represented employees.

The current regulatory text is reasonable and consistent with the the Social Security Act. No employee is negatively impacted by the current payroll deductions. CMS and taxpayers suffer no meaningful harm from the existing regulatory text. Nothing in the statute forecloses the existing payroll deductions. To the contrary, payroll deductions meet the qualifications for third party payments provided in the statute.

At a minimum, this rule requires further clarification of it's intent and the justification behind it. As it stands, I urge this rule be withdrawn.
Please stop skimming from union dues and robbing from Americas care givers.

The proposed rule would bring the distribution of Medicaid funds in line with the purpose of Medicaid, deter waste and inefficiency in the process of delivering care to needy Americans, and end the blatant violation of taxpayers rights to freedom of speech.
If the proposed rule fails, special-interest groups will continue to receive funds directly from the government on behalf of a select group of providers, without the explicit consent of taxpayers, Medicaid recipients, or Medicaid providers who choose not to engage in this practice. The fact that Medicaid funds are currently dispersed directly to unions and other groups that utilize these public funds to advance private goals is of paramount concern.
If the proposed rule prevails, it will not prevent providers from utilizing third-party services, it will merely end the practice of directing taxpayer money to special-interest groups that may use the funds to advance goals separate and unrelated to the goals of Medicaid. This practice, currently facilitated under a dubious interpretation of section 1902(a)(32), is merely a way to streamline payment between certain providers and third parties, which they may continue to do with private resources, within the confined scope of their transactions.
When funds provided by the American people, intended for the most vulnerable members of society, are siphoned off to groups that neither need nor provide care and do not answer to the American people, the original intent of the Medicaid program is violated, along with the free-speech rights of every taxpayer.
Medicaid funds are only rightfully distributable to care providers and recipients, as the transaction between these two is primary and quintessential to achieving the goals of Medicaid, and more broadly, the goal of health. While they may choose to contract with third parties to improve

August 6, 2018
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS2413P
P.O. Box 8016
Baltimore, MD 212448016

Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P

To Whom It May Concern,
My name is Amarylles Groce and I have been part of the In-Home Support Services (IHSS) program for over 11 years. I was working at a real estate office as a loan processor before I became a caregiver. Before I was a provider, I worked in a nursing home, then my mother got sick, and I decided to move to my mothers home and take care of her. After three months of being her caregiver, I found out about the IHSS program.

Presently, I have two consumers, the first one has Alzheimers, cancer, incontinence, hypertension. My second client has diabetes, hypertension, and kidney dysfunction. My client is mental disabled, needs dialysis, and suffers from congenital heart failure, and brain damage from a previous stroke.

Caregiving is a tough job. I am up early in the morning to prepare meals before my clients wake up. When they do I then bath, brush their teeth, change their clothes, comb their hair, and prepare a special diet for each of them. For the cancer patient, her food has to be pureed, and she is limited to a no-salt diet. Special care has to be given at the preparation of their food before and during cooking. Throughout the day, I prepare insulin, do a blood pressure check, monitor their body for scratches and possible wounds, and take him to doctors appointments.

For both of my clients, I give them their medication and keep their house clean. Take them on walks to the store, doctors appointments, and I do occupational and physical therapy with them.

By day ends with changing the sheets of their bed, and prepare them for sleep, including changing their diaper and washing them if the need. As one sleeps, I reposition her every two hours and keep her legs elevated.

I am a member of SEIU Local 2015. I believe a union is needed to keep a balance in the workplace. A union presence will reduce discrimination and harassment of people of color, and especially sexual harassment. As a woman, being a part of SEIU Local 2015 means closing the gender pay gap - the pay is across the board for the allotted job position and we have access to collective bargaining, not just for salary increases, but for safety. Through my union I have fought and won sick days, an anti-harassment clause in our new contract, pay increases, health care benefits, and family benefits. Together we have power.

Through SEIU Local 2015, I have been going out and meeting providers and hearing their stories about the difficulties they face every day. Even with all of the challenges, us caregivers, really enjoy what we do. This job takes strength as it is not easy

I oppose the ending of automatic dues deductions because if my union were not allowed to deduct union dues directly from my paycheck, it would delay, if not stop, my ability to pay my dues.
IHSS is administered by the County and I

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS2413P
P.O. Box 8016
Baltimore, MD 212448016
August 8, 2018
Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern,
I am Debra Pullen and I became an In-Home Support Services (IHSS) caregiver in 2016 for my sister and then my mother. My sister had congestive heart failure and a hysterectomy. My second consumer is completely paralyzed and has right-side congestive heart failure. The first thing I do is to get her up from bed. I then bathe her from head to toe, she used a bed side toilet, then get her dressed, give her breakfast, clean her bed, change sheets every day, clean the kitchen, do laundry, go grocery shopping, buy money order for her to pay her rent and bills. For my sister, I help her to wash her hair, and give her a therapeutic body massage. After that, I help her dress, fix her a meal, and clean up the kitchen, bathroom, and bedroom. Because of her mobility is minimal, it takes a long time to complete each task. I have always been a community activist and one day I was invited to a union meeting in 2008 and since then I become a union member of SEIU Local 2015. Through SEIU Local 2015, we have won wait time, travel time, over time, sick time, better wages, and health benefits such as medical, dental and vision. The union fights for my rights. I do not make a decent wage for the care I provide my client, but I do understand the importance of having a union. If I didnt have the benefits of medical, dental, or vision that are taken out of my wages, I could not afford medical insurance at the market prices. I have had impaired vision since I was eight years old. I am now in my 60s and I need my medical, dental and vision benefits. I struggle to keep a roof over my head. I am one pay check away from being homeless. I have to decide whether I have to eat or if my car gets gas. Not me nor my fellow caregivers have asked for the change in dues deduction. Please dont take away union dues to cripple SEIU Local 2015. Please dont do this to us! Please have some compassion and leave things the way they are. Please! Please do away with the regulations allowing union skimming. From everything. If an individual wants to join a union, that is their business, but under no circumstances should the Federal Government allow automatic fund funneling, which represents both a tax and graft.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS2413P
P.O. Box 8016
Baltimore, MD 212448016
August 9, 2018
Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern,
I have been a provider since 1984. I have five consumers. One consumer is physically disabled and four others are mentally disabled. They are between 60-70 years old and one suffers from a torn ligament, another has no cartilage in one knee and another has one knee replaced. Lastly, three of my consumers were injured in car accidents. On a typical day I do the housecleaning for them, take them to the doctors office and the supermarket. I began helping a consumer after leaving college. Prior to being an IHSS provider I taught ESL and English at university, junior college, and LAUSD. As a member of SEIU Local 2015 I have won collective bargaining rights, a health plan, dental and vision. In addition, Ive gotten to participate in collective bargaining gained familiarity with elected officials and knowledge of how government works. As part of the union, I have an ability to be heard and opportunity to meet fellow members and invite new ones. SEIU 2015 is multicultural and multinational union of the 21st century. It has been a homecoming. This proposed federal action interferes with our choice to remain with our union and our right to have a decent health, dental, and vision plan. If payroll deduction was stopped, I could lose important health benefits. I had surgery for a tumor under my ear lobe. Thanks to LA Care and the union I was able to take care of the tumor. I wear glasses so I depend on the vision care too. These are wonderful benefits and grateful for all of them. Please leave my paycheck alone.

PLEASE STOP UNIONS FROM STEALING FROM WORKERS DUES

Please get rid of the Obama era regulations that give Union officials hundreds of millions of dollar from the Medicaid program. How dare the government even set up and allow such corrupt use of Americans' hard earned money that they paid into the government coffers!!

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS2413P
P.O. Box 8016
Baltimore, MD 212448016
Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern: I have been a care provider for three-and-a-half years. I currently have two consumers that I care for. My mother, who is 85 years old, has congestive heart problems, and is in a wheelchair and needs my assistance in and out of the bathtub. I care for another person that has extreme fatigue. Before being in IHSS, I graduated with 5 degrees, worked at Sutter Hospital in the business office which sent me to every department in the hospital. Now, I spend most of my day caring for my consumers. A typical day consists of getting up at 6am to care and prepare my autistic grandson for his day, work at the union, and then later in the day, I care for my grandson again when he leaves, I take care of either one of my clients right after that for the rest of the day. I've always been a union member, ever since the 1960s. I've seen unions at their best and the benefits that they've always given the working people. I have been a member of Local 2015 for four months. As a union member, I have won three sick days in the year, wait time, and pay increases. I've learned a lot about worker rights. I love learning more and shaping all the information and benefits we all have. This proposed rule change is not just bad for myself, but its going to affect everyone our clients, families, and union members. It is intentionally designed to destroy the power that we have built in the union. Its designed to make sure that we cant fight for an increase in wages or stand together to improve the contracts of IHSS caregivers. I have always used automatic dues deduction. It is very convenient because the State takes union dues out of our checks before its given to us as a check/direct deposit. That makes it impossible to forget to pay them when you are a busy Please stop the union boss' skimming of union dues immediately.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS2413P
P.O. Box 8016, Baltimore, MD 212448016
Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern: I am an In-Home Supportive Services worker. I have no specific clients right now, I am more of a back-up when someone needs me to work for them. I float around between clients, but I make sure to make time to help my fellow providers. Before being an IHSS provider, I used worked for CalPERS and I have my insurance license for the state of California and Texas. I am very busy and like to keep myself busy when I help out clients I am 100% there for them. When Im doing my own things and helping the union I work 100% I am opposed to this automatic deductions rule change. This proposed rule change is nothing but a major attack on us all long term care providers, many of whom are women, African-American, European, Latino, and white. This is a large attack from the government on the people who belong to our union, SEIU Local 2015. You are doing this because you are trying to destroy the financial and political strength of home care workers so that we cant stand up to the government and advocate for ourselves and our clients. Your goal is no union for providers, because you know that if there is no union for providers we are going to be an easy target. You want us to be hopeless. There is no need for the change. It is only going to create stress, cost me money, and cost me time. You just want us to not be distracted so that we cannot focus on fighting for ourselves and fighting for our clients. You are just trying to make us jump through hoops to support our union. Ive been using automatic dues deduction to pay my union dues since 2013. The way the system works now is fine. Sincerely,
Nadia

Please stop taking money from those who provide quality of life care for Seniors and other patients.

Please see the attached comment on behalf of the State of Illinois from Lise T. Spacapan, General Counsel, Office of the Governor. As explained fully in the attached comment, the State of Illinois supports CMS's proposed rule regarding Medicaid Program: Reassignment of Medicaid Provider Claims. We agree with CMS that 42 C.F.R. 447.10(g)(4) exceeds CMS's regulatory authority, and that states' practices of withholding union dues from providers' paychecks conflicts with Section 1902(a)(32) of the Social Security Act. The attached comment provides information specific to Illinois, and identifies two concerns that we believe should be clarified in the

OFFICE OF THE GOVERNOR JRTC 100 W. RANDOLPH SUITE 16100 CHICAGO ILLINOIS 60601 August 13 2018 Centers for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413PP.O. Box 8016 Baltimore MD 21244 8016 Re The State of Illinois Comment to CMS2413P To Whom It May Concern On behalf of the State of Illinois I write to comment on the Centers for Medicare Medicaid Services (CMS) proposed rule to remove regulatory exemption 42 CFR 447.10(g)(4) regarding the direct payment requirements of Section 1902(a)(32) of the Social Security Act 42 U.S.C. 1396a(a)(32) (Proposed Rule). The State of Illinois strongly supports the Proposed Rule but we believe certain clarification is required.

Union Dues Withholding in Illinois

The State of Illinois operates a Medicaid Waiver Program authorized in 1915(c) of the Social Security Act called the Home Services Program (HSP). 20 ILCS 24053 see 89 Ill. Admin. Code 676.10. The Program was first launched in December 1979 and is currently operated by the Illinois Department of Human Services (DHS) pursuant to a 1915(c) home and community based services waiver obtained by the Illinois Department of Healthcare and Family Services (HFS) which is the single state Medicaid agency for Illinois. HSP is an independent living model designed to prevent the premature or unnecessary institutionalization of individuals with severe physical disabilities and it provides funding for qualified individuals to remain in their homes and communities by providing longterm services and support. HSP funds an array of customer directed services including the hiring of home care and home health workers for three Medicaid waivers (the Persons with Disabilities Traumatic Brain Injury and AIDS waiver). Id. The waiver obtained under 1915(c) of the Social Security Act provides for these services include environmental home modifications assistive equipment and home care providers to assist customers with the activities of daily living including home health care bathing grooming eating housework and more. HSP also funds some services outside of the home such as Adult Day Service Day Habilitation and Supported Employment services. Illinois pays for care and services provided through HSP however under Illinois law the home care and home health workers are employed by the individuals who receive care not the State. See *Harris v. Quinn* 134 S. Ct. 2618 2624 (2014) 20 ILCS 24053(f) 89 Ill. Admin. Code 676.30(b) (p). In 1988 HSP paid home care and home health providers 21.5 million to care for 4903 eligible individuals throughout the State of Illinois. By 2003 the HSP had grown to serve more than 23463 individuals totaling approximately 252 million in payments to home care and home health providers. The Program ran successfully during that time even though the providers did not have collective bargaining rights with the State. In 2003 former Governor Blagojevich issued an Executive Order eventually codified in Illinois statute that gave home care and home health workers in HSP collective bargaining rights despite the fact that they are not State employees. 20 ILCS 24053(f). The exclusive bargaining representative for these employees is SEIU. The 2012-2015 collective bargaining agreement between SEIU and the State requires the State to withhold union dues and PAC contributions from home care and home health providers paychecks and to pay those amounts directly to SEIU and the PAC. In 2015 SEIU and the State did not reach a successor collective bargaining agreement however the parties entered into a Tolling Agreement and a Tentative Agreement that effectively continue these union fee diversion requirements. 73115 Tolling Agreement Declaration (extending contractual rights in 2012-2015 SEIU Collective Bargaining Agreement Art. X 5) 8515 SEIU Home Services Program 2015 Negotiations State Counter Proposal Art. X 5 (Union dues and initiation fees shall be deducted from the Personal Assistants wages and remitted to the Union.). In administering HSP DHS tracks the home care and home health workers wages and hours. The Agency submits a biweekly payment voucher to the Illinois Comptroller for amounts due to the providers. The vouchers withhold payments for SEIU dues and PAC contributions payments for State and federal taxes garnishment for child support and debts to the State. After *Harris v. Quinn* 134 S. Ct. 2618 (2014) Illinois stopped withholding SEIU dues for providers paid through HSP who do not affirmatively opt in to such payments. However DHS still withholds dues and/or PAC contributions for approximately 7500 participating workers who are SEIU members totaling over 7.25M in 2017 alone. After DHS issues the payment voucher the Illinois Comptroller verifies funding and issues only the remaining payment to the providers. The Comptroller pays SEIU dues and PAC contribution withholdings directly to SEIU and the PAC. HFS then submits

Proposed rule constrained zero funding it is unlikely it would materially impact the success of the HSP program or the availability of qualified providers since HSP operated successfully for decades before the providers had collective bargaining rights. Apparent Conflict with Section 32 of the Medicaid Act HSP must comply with the requirements for state plans for medical assistance in Section 1902(a) of the Social Security Act including Section 32. Section 32 requires that HSP must provide that no payment under the plan for any care or service provided to an individual shall be made to anyone other than such individual or the person or institution providing such care or service under an assignment or power of attorney or otherwise. 42 U.S.C. 1396a(a)(32). Section 32 includes four enumerated exceptions but none apply to union dues or PAC fees. According to the plain language of Section 32 Illinois practice of withholding union fees and PAC contributions from home care and home health workers paychecks and diverting those amounts directly to SEIU and the PAC is out of compliance with the Social Security Act. CMS adopted 42 C.F.R. 447.10(g)(4) in 2014. The rule adds an additional exception to Section 32 for individual practitioners . . . for which the Medicaid program is the primary source of revenue. It allows payments to be made to third parties on behalf of the individual practitioner for benefits such as health insurance skills training and other benefits customary for employees. Id. We understand that some states have relied on this regulation to withhold money from providers paychecks for union fees and other costs not expressly authorized in Section 32. The Proposed Rule would remove this exception. We agree with CMS that the regulation exceeds CMS's scope of regulatory authority and should be removed. Federal agencies charged with implementing a statute must operate within the bounds of reasonable interpretation of the enabling statute. Util. Air Regulatory Grp. v. E.P.A. 134 S. Ct. 2427 2442 (2014) (citation and internal quotation omitted) (finding EPA went well beyond the bounds of its statutory authority by replacing numerical thresholds specified by statute) see Michigan v. E.P.A. 135 S. Ct. 2699 2708 (2015) (finding EPA's decision to ignore cost when determining whether a regulation is appropriate and necessary was unreasonable). When Congress has directly spoken to the precise question at issue . . . that is the end of the matter for the court as well as the agency must give effect to the unambiguously expressed intent of Congress. Chevron U.S.A. Inc. v. Nat. Res. Def. Council Inc. 467 U.S. 837 84243 (1984). Agencies have no authority to modify or extend unambiguous statutes. Id. Util. Air Regulatory 134 S. Ct. at 2445 (An agency has no power to tailor legislation to bureaucratic policy goals by rewriting unambiguous statutory terms.). Congress's intent in Section 32 is clear no payment under the plan for any care or service provided to an individual shall be made to anyone other than such individual except four nonapplicable exceptions. (emphasis added). This language clearly prohibits all payments to nonproviders

In addition Illinois practice of withholding union dues and PAC contributions from home care and home health providers in HSP began in 2003 before 447.10(g)(4) was adopted. Thus we request that CMS make expressly clear in the final rule that Section 32 of the Social Security Act itself prohibits states from diverting union dues or PAC contributions from home care and home health providers paychecks. Application to Medicaid Waiver Programs under Section 1915(c) With notice of the Proposed Rule CMS also released a set of Questions and Answers. Number 4 in those QAs raises a concern for Illinois. The QA is restated below. Question 4 Does the removal of the regulatory text at 42 CFR 447.10(g)(4) affect all self direct care models within the overall Medicaid program Answer 4 No the removal of the regulatory text at 42 CFR 447.10(g)(4) will only affect a states ability to reassign portions of a providers payment connected to the rendering of services provided under Section 1905(a) authority. This will most likely affect home care or personal care workers and any other professional provider that may have a contractual relationship with a state. Removal of the regulatory text at 42 CFR 447.10(g)(4) will not apply to payment for services rendered under 1915(c) 1915(i) 1915(j) and 1915(k) authorities nor will it impact a states ability to perform Financial Management Services(FMS) or secure FMS through a vendor arrangement. We believe this answer requires clarification. The answer first states that the Proposed Rule will most likely affect home care or personal care workers. But it then states that removal of the regulatory test will not apply to payment for services rendered under 1915(c) 1915(i) 1915(j) and 1915(k) which cover Medicaid Waiver Programs and instead will apply only to payment for services rendered under 1905(a). These two statements appear inconsistent because some states including Illinois pay home care and personal care workers under Section 1915(c). For example in Illinois HSP uses Medicaid funds to pay home care and home health workers and is operated pursuant to a waiver granted under Section 1915(c) not 1905(a). In addition the plain text of the Proposed Rule does apply to programs authorized under 1915(c) 1915(i) 1915(j) and 1915(k). Those programs are currently subject to Section 32 and 42 CFR 447.10(g)(4) and we see nothing in the language of the Proposed Rule to exempt them. Thus we request that CMS clarify in its final rule that the rule change does apply to Medicaid Waiver Programs and specifically that states may not withhold union fees or PAC contributions from the paychecks of providers in programs that operate under 1915(c) 1915(i) 1915(j) and 1915(k) or 1905(a). Any other result would be inconsistent with the text of Proposed Rule and CMSs expressed intent to stop union dues skimming practices. (See e.g. CMS QA No. 6.) In addition even if CMS did intend to leave we agree with CMS that the existing rule is outside the scope of CMSs regulatory authority as applied to state plans operating under 1905(a) the existing rule is also outside the scope of CMSs authority as applied to state plans operating under 1915(c) 1915(i) 1915(j) and 1915(k). Sincerely Lise Spacapan Lise T. Spacapan General Counsel Office of the Governor

Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern:

I am a caregiver. I have been a caregiver for 17 years. I take care of my brother, who is mentally disabled and my mother who is elderly and physical disabled.

Taking care of my brother and mother is very challenging because my brother has Polydipsia, which causes him to drink excessively, and my mother is a fall risk. Therefore, I have alarms set up on the refrigerator because my brother has to be careful with what he puts in his body.

I worked in fashion and retail before IHSS. And initially, my caregiving started as only light chores around my moms house and cooking. I didnt know about the IHSS program until I took her to a doctors appointment and the doctor told me I could be paid help care for my mother. Ever since I've been really appreciative to be her caregiver.

I dont understand why the federal government wants to take what Ive benefited as a home care worker away from me. My union has done a lot for me.

One of the greatest victories that we have won in the union that I have benefited from is the overtime pay. Winning the overtime pay has helped me to become a middle-class citizen and it has helped my family join the middle class as well.

When we won overtime pay in 2015 and it was implemented a year later in 2016, I was able to move my family into a 4-bedroom house, which has allowed me to watch my mother and my brother 24/7. Prior to this, we lived in separate apartments. Not only has the overtime pay made my life better, it has drastically improved the quality of life of my brother and my mother.

I have been a voluntary due paying member of SEIU Local 2015 since 2006. This is my choice. It is a voluntary thing. Those who do not wish to pay anything already do not have to. The present way dues are deducted from my paycheck works just fine. The union has helped me become a middle-class citizen and it is my right to contribute to my union. Thats my First Amendment right. There is no reason for this rule change, and it burdens us home care workers more than anyone else.

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS2413P
P.O. Box 8016
Baltimore, MD 212448016

Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P

To Whom It May Concern,

My name is Tyrise, and Ive been a caregiver for my father for 9 years. He suffers from dementia, mentally and is physically disabled. I take him to the doctors appointments. I make sure he takes his medication, prepare his meals, assist with hygiene, and do various house chores.

Before becoming a caregiver, I was an administrative assistant, in a corporate office. There, I was in charge of payroll, as well as other office related procedures.

I joined SEIU Local 2015 six months ago because I learned about what being part of a union does for caregivers. I wanted to be a part of that fight. Some of the experiences that my union has helped me to change is the ability to get past being shy, and being able to openly speak to people. SEIU 2015 has allowed me to overcome a lot of self-doubt about myself. I am now more confident, assertive, and now feel more powerful I feel like a leader, and the ability to help thousands of other caregivers.

The government should not be able to tell me how to spend my money. Without the automatic dues deduction, it will be difficult for me to pay my benefits. This is especially true for people who dont have direct deposit or a bank account. It is inconvenient for my family. Its better the way it is. Why do you want to make peoples lives harder? It would really make things much harder for me. I would have to take the time to get a money order and then pay postage to mail my dues in, and risk it getting lost in the mail. These things would cost me every month, not to say the inconvenience that it would cause.

I really need my vision and dental that our union provides. It would cost me so much more money to not have benefits because I wouldnt have coverage. I would have to pay out of my pocket for vision and dental which would be very expensive, and I probably could not afford it. It would take so much extra time to get money orders, then go to the Post Office and pay to mail them out, because I dont have a bank account. If

Please see attached comment letter.

The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid
 One Ashburton Place Room 1109 Boston Massachusetts 02108
 CHARLES D. BAKER Governor
 KARYN E. POLITO Lieutenant Governor
 MARYLOU SUDDERS Secretary
 August 13 2018
 Seema Verma Administrator
 Centers for Medicare Medicaid Services
 Department of Health and Human Services
 Attention CMS2413
 P.O. Box 8016
 Baltimore MD 21244
 8016 DANIEL TSAI Assistant Secretary for MassHealth
 Tel (617) 5731600
 Fax (617) 5731891
www.mass.gov/eohhs

Re Comments on Proposed Rule Medicaid Program Reassignment of Medicaid Provider Claims

Dear Administrator Verma:

On behalf of the Massachusetts Executive Office of Health and Human Services (EOHHS) including the Massachusetts Medicaid program (MassHealth) Massachusetts appreciates the opportunity to provide comment in response to proposed rule CMS2413P (Proposed Rule). The Proposed Rule removes the regulatory text that allows a state Medicaid agency to make payments to third parties on behalf of an individual provider for benefits such as health insurance skills training and other benefits customary for employees. The Commonwealth of Massachusetts provides coverage of personal care services through its MassHealth personal care attendant (PCA) program. Operated under traditional state plan authority for personal care services (1905(a)(24)) the MassHealth PCA program is a consumer directed program that serves approximately 32,000 MassHealth members who require physical assistance with at least two activities of daily living. Approximately 42,000 individual personal care attendants deliver care through this program on an annual basis to the consumer. MassHealth contracts with Fiscal Management Services (FMS) entities that perform payroll functions on behalf of the consumer employers. As part of this function the FMS entities withhold from a PCA's wages not only union dues (when a PCA has elected to join the PCA union) but also various federal and state taxes such as income taxes FICA unemployment workers compensation and in the future potentially family and medical leave under recent state legislation. While the preamble to the Proposed Rule suggests that it was intended to prevent reassignment of Medicaid payments to satisfy a provider's union dues the Proposed Rule appears to apply more broadly expressly removing the authority to reassign portions of a Medicaid payment to third parties for payments of benefits such as health insurance skills training and other benefits customary for employees. MassHealth requests that CMS clarify that the Proposed Rule would not bar MassHealth or its contracted FMS entities from withholding these non-union dues related withholdings nor bar MassHealth or its contracted FMS entities from withholding amounts for federal and state taxes unemployment workers compensation and family and medical leave or withholding for any other similar non-union employment related purpose as may be legislatively mandated in the future. In addition CMS asserts that with regard to 1915(c) 1915(i) 1915(j) and 1915(k) authority the Proposed Rule will not impact a state's ability to perform Financial Management Services (FMS) or secure FMS through a vendor arrangement. 83 FR 32253. Additionally CMS's accompanying frequently asked questions document suggests that the Proposed Rule would not impact a state's authority to perform or secure FMS in connection with a state plan-based program stating that removal of the regulatory text at 42 CFR 447.10(g)(4) will not apply to payment for services rendered under 1915(c) 1915(i) 1915(j) and 1915(k) authorities nor will it impact a state's ability to perform FMS or secure FMS through a vendor arrangement. MassHealth requests that CMS clarify in the final rule that states can continue to provide FMS services (or contract for them) in consumer directed personal care programs that operate under traditional state plan authority for personal care services (1905(a)(24)) such as MassHealth's PCA program. Thank you for consideration of our comments and look forward to continuing to work with our federal partners.

Dan
 Stop Unions from robbing Medicare.

Re: Medicaid Program; Reassignment of Medicaid Provider Claims, CMS2413P
To Whom It May Concern,
I became a provider because my mom needed help during her old age and lost her memory. I care for her at my house. I worked for my mom for about 10 years and for 11 years I have worked for other clients.
Before I was in IHSS, I was a college graduate and was tutoring 5th and 6th graders. I never imagined I'd become my mom's full-time caregiver. But I am. And I've been a provider for decades and a member of my union for almost 20 years.
I see the difference between before the union and now. Our union fights for us and I have seen good results. People like me work very hard and through the union we can advocate for a better and fairer salary.
Just recently, we had a big victory. As a union, we won a \$1 per hour increase, and we are going from \$11 per hour to \$12 per hour. I know it doesn't sound like a lot, but it is. For me, this raise is a very big deal. I have more money to help pay my rent, to help with everything.
If I lost this and I lost my union, then I will have nothing. Our union means big power for providers and we have 25,000 members just in the area in which I live. That is big and that gives caregivers like me a real voice and real power to stand up for myself and my clients. This proposed rule change is just an attempt to destroy that voice and ensure that I can't speak up for myself by making it hard and making it very difficult for me to support my union.

I've been using automatic deductions since I started doing IHSS and joined my union because it's a very easy process. The State of California issues checks, before the check or direct deposit reaches us the dues, are already taken out so we

Please make sure the Dept. of Health and Human Services prevents union thieves from taking money from care

I am a State Representative in South Carolina, and I write to ask the Department of HHS and CMS to enact the proposed rule, CMS-2413-P, addressing union dues skimming from caregivers Medicaid payments.

Currently, unions in 11 states are permitted to take a significant portion of a caregiver's Medicaid payments as dues, depriving needy individuals of vital resources. In 2017 alone, an estimated \$150 million in Medicaid funds was diverted from caregivers to unions (<https://www.freedomfoundation.com/wp-content/uploads/2018/07/Getting-Organized-at-Home.pdf>).

This has added up to \$1.4 billion in the last 17 years. That \$1.4 billion has been diverted from vulnerable people and used by the unions to further their own legislative and political interests—interests that are unrelated to serving providers or care recipients. Instead of being forced to join, caregivers could choose to join a union and pay dues on their own if they see that as a beneficial opportunity.

Without this rule, these caregivers and their loved ones are deprived of much-needed money intended for healthcare and life care. Thank you for your consideration to end the unfair and confusing practice of dues skimming that traps home caregivers in unions.

Rep. Alan

PLEASE ENTER YOUR COMMENT HERE
Stop Unions from forcing dues on people.

Stop this nonsense now! Stop Gov. Unions from robbing America's caregivers! Make these cowards pay all of it back. Stop giving this treasonous past president a free pass for all the crimes he did to our country!

Medicaid is already in trouble. Please stop union bosses from stealing hard-earned \$ from honest taxpayers!!

PLEASE stop this six figure robbery

I am opposed to the proposed rule. It should be easier for Unions to organize and collect dues, not harder. Unions are the only way to bring democracy to the workforce. Workers should have a say in their rules, regulations, and pay together as a Union. Without it, they are at the will of their employer.

If you have an ounce of integrity left, you will undo all of this nonsense!!

I have just become aware of the Gov. Unions from robbing America's caregivers!

Please do not allow Unions to take money from Medicare, Social Security or any others

Please do not keep taking the money that belongs to Med Care. Thanks.LEASE ENTER YOUR COMMENT HERE

Please do everything you can to stop unions from skimming federal dollars from CMS funds. Unions should be self supporting.
Thank you,</p>

I am disgusted with your actions of "ripping off" our hard working caregivers !

PLEASE ENTER YOUR COMMENT HERE
Why are you not doing anything about these regulations the Dems are forcing on Americans??? Congress, McConnell, Ryan, get the lead out and take care of all this chaos!! Get with POTUS and undo all these left leaning decisions or we will be worse than The countries south of the border!!!! UNITE or leave!!!

We need to stop all of the fraud Obama's policies for they were not good for this nation or the people, they only profit the rich and crooked Dems and the Union Bosses. So help Trump overt these practices. Please~!

Please stop the monetary skimming that the unions are perpetrating on home health care workers!

Stop robbing those who are helping others.

See attached file(s) from Senator Mark Miloscia and Representative Paul Harris from the Washington State

Washingt on State Le g is latu reAugust 13 2018SUBMITTED VIA FEDERAL eRULEMAKING PORTAL ([http www.regulations.gov](http://www.regulations.gov)) Public Comments ProcessingCenters for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413PP.O. Box 8016Baltimore MD 212448016Re Proposed Rule Changes Regarding Reassignment of Medicaid Provider ClaimsDear Secretary Azar and Administrator VermaAs members of the Washington State Legislature concerned about home care workers and our home care delivery system we are submitting comments on the proposed rule issued July 12 2018 by the Centers for Medicare Medicaid Services that would forbid the payroll withholding of any payment or contribution by home care workers through the elimination of Section (g)(4) from 42 C.F.R. 447.10.More than 35000 individual provider (IP) home care workers are employed throughout the state of Washington and thousands more work for home care agencies. These home care workers perform a wide range of essential personal care services that allow 45000 persons with disabilities and vulnerable seniors to remain in their own homes rather than having to receive care at costly and often intimidating institutions. And all of these people clients and caregivers alike will be impacted by this proposed rule.That is why nonprofit organizations like Catholic Community Services and the Korean Womens Association organizations that employ agency home care workers but have no political motive whatsoever are opposing the proposed rule. It is a bad rule for the workers and it is the workers that we should be most concerned about.Unfortunately the proposed elimination of all payroll withholding through the deletion of Section (g)(4) would severely undercut the ability of home care workers in our state to maintain health care coverage prepare for retirement and voluntarily support the union of their choice. We believe that this rule change is a solution in search of a problem which will create unintended consequences harmful to home care workers and our home care delivery system.The recent Janus court decision held that workers can not have their 1st Amendment rights violated by the withholding of union dues without their consent. Unfortunately the proposed rule limits the choice of workers to join and remain with a union. The propose ruled would in fact

Worse yet it would forbid the withholding of health care insurance premiums for home care workers. This factor might not have been considered by those drafting the proposed rule since only a minority of states provide health care benefits to home care workers but the impact in our state will be real and devastating. Banning the withholding of health care premiums will risk home care workers losing coverage if they miss even a single premium payment. The result would be catastrophic for the home care worker and their families and likely result in even greater expenses for our state and federal Medicaid budgets. Voluntary deductions by home care workers for retirement accounts would likewise be forbidden if Section (g)(4) is eliminated. Given that most Americans haven't saved adequately for retirement the proposed rule change compounds an already daunting problem. Forbidding home care workers from voluntarily withholding retirement contributions from their paychecks means that it will be even harder for these workers to prepare for a secure retirement. Some policy analysis indicates that the proposed rule might not impact our state's home care workers after the future transition to the Consumer Directed Employer program but there will definitely be a gap in time before that transition occurs during which workers will have no payroll withholding available. Furthermore there are unknowns and uncertainties as to the proposed rule's effect on nonstate employers as evidenced by the opposition of organizations like Catholic Community Services and the Korean Women's Association. AARP ranks our state's Long Term Care System as the best in the entire nation so we have a lot to lose from rash changes to our home care program. One of the reasons the state of Washington has been so successful is a commitment to building a stable high quality workforce. We are concerned that eliminating all payroll deductions and contributions would undermine our consumer directed home care system and make it impossible to recruit and retain enough caregivers to serve vulnerable clients. The proposed change will do nothing to improve the home care system or the quality of care provided to clients. It provides no additional resources for our state's home care system and will damage the ability of home care workers many of whom are in a vulnerable economic position to maintain health care coverage and prepare for retirement. Simply put home care workers should have the same choice as anyone else to voluntarily authorize deductions from their paychecks. Because the removal of Section (g)(4) would eliminate that choice such a change should not be adopted. Thank you for the opportunity. Care workers should not have to be unionized.

Stop Gov. Unions from robbing America's Care Givers. I am sick of the Government taking my money.

Looking forward to a change ...

I oppose the diversion (skimming) of Medicaid funds to unions for three reasons, the last is most important.

1. Principle of free association: Supporting or associating with a group such as a union should be an individual's free choice, not coerced. Why should those who do not support a union be forced to do so against his or her will? They shouldn't.

2. The Supreme Court's decision in Janus v. AFSCME makes forced contributions to unions illegal and unconstitutional. Janus precedent should be applied to using Medicaid funds to support unions.

3. Medicaid reimbursement schedules are so low that less than 70 percent of U.S. physicians can afford to care for Medicaid patients. This directly reduces patients' access to needed medical care. The reason reimbursement schedules are so low (and dropping) is because Medicaid programs have too little money left after the administrative and regulatory apparatus takes its first, biggest cut. Payment of healthcare monies to people who do not provide care is called bureaucratic diversion. (See: The Cancer in the American Healthcare System.)

Skimming off Medicaid funds to support union activities is another form of bureaucratic diversion. It defeats the very purpose of a Medicaid program: providing care to the medically vulnerable. As more money is skimmed off, less is available to pay for care. Patients die-by-queueing, waiting in line for care that becomes available too late. For proof, see: Hundreds on Medicaid wait lists in Illinois die while waiting for care by Nick Horton in IllinoisPolicy.com.

This comment is made as an individual physician who has cared for (mostly) Medicaid babies with heart problems for nearly four decades. We need more

PLEASE ENTER YOUR COMMENT HEREPlease help us keep. What is ours

Stop stealing from the American people and repeal all regulations giving elected and unelected officials the power to do so.

As a California State Senator, I write the Department of Health and Human Services and the Centers for Medicare & Medicaid Services in support of your proposed rule, CMS-2413-P, addressing union dues skim. This will end the unfair and confusing rules that trap home caregivers in unions especially in the State of California.
The main unions organizing California caregivers are SEIU 2015 and the United Domestic Workers (UDW) which is affiliated with AFSCME. UDW gives members only a 10-day annual period to leave the union based on the anniversary of originally joining. SEIU gives a similar 15-day escape period. This scheme has resulted in both unions being flush with funds. At the end of 2017 SEIU 2015 had more than \$45.4 million in cash on hand and both unions that year spent a combined \$33 million in lobbying and political activities, not including campaign contributions.

Three-quarters of California Medicaid care providers are related to their clients and often live with them. Since the unions main responsibilities in to intervene on behalf of their members in the workplace, membership provides little actual benefit to caregivers.

Number of impacted California providers: 260,779
2017 Dues Skim Estimate in California: \$99,287,523
Total 2000 2017 Dues Skim Estimate for California: \$924,174,007

In order to garner more members, unions persuaded state governments to designate caregivers as public employees for the purposes of state collective bargaining. The government should not help unions take money from those who need it most simply to promote their own

Respectfully, we out here in the real world would really appreciate you managing the taxes derived from our hard earned income to properly help those who are in real need rather than padding the pockets of the "union bosses".
Let's get real, your attention to proper spending allocations would be greatly appreciated.</p>

Please exempt home health care workers from union dues. The unions do not deserve to get the medicaid money, since they provide NO services to these workers.

Department of Health and Human Services,
I am writing in opposition to proposal # CMS-2413-P.

I understand part of this allows states to confiscate from our checks the money that normally would have gone to paying our dues without providing any of the benefits our dues are paying for.

I seriously resent having my money confiscated in this fashion. I've been paying my union dues voluntarily for about 15 years because the union's services are of great importance to me. I really want to know what value the states intend to exchange for the money that they will be allowed to confiscate from my checks that equals my current dues. I don't see any requirement that the states campaign for us to have decent wages and working conditions nor do I see any benefit plans described.

Thank you,

Carol Taylor

IHSS Provider

Carol Taylor
insideline4me@gmail.com
191 W Verano 204
Sonoma, California 95476</p>

Please stop the unions from skimming dues and giving back to the Democratic party. It is wrong and unfair to these hard working people. Stop the corruption.

PLEASE ENTER YOUR COMMENT HERE
This is so unfair!!! Stop the skimming now!

Home care providers is a much needdd service. Stop union dues skimming. Overturn this crooked regulation.

Stop Unions skimming of Medicaid from dues

Please vote to stop the Union dues skimming of Medicaid!!!

Please, combat the craziness going on in America!

PLEASE stop the union benefit skimming.
Thank You.

Stop letting unions steal from home care providers. Dues skimming is outright robbery. Medicare doesnt pay much as it is.

Unions should not be allowed to require for any worker.

These regulations that allow unions to fleece workers are unconstitutional and illegal. Stop this criminal abuse and theft now.

PLEASE clean up the mess the Democrats have made.

STOP union thievery

Dear Officials,
In considering what Ive learned about the Obama Era regulations, Union Dues and the skimming off the top for those who should be stewards of the funds entrusted to them, I am sickened to know of the base thievery that is allowed to continue and carry on. Please stop the crooked and corrupt greedy hands taking these funds from health care workers! It is your responsibility to bring this to light and clean it up! I trust you will do this job with courage and conviction. Thank you.</p>

There should be no government unions
 Stop government unions from Robbing American caregivers

Democratic parties please stop trying to gut your system to turn us into a socialize bs system and NWO it will not work, and trying to push for pedofiles do get away with what they are doing in Hollywood!!

STOP, USING UNION DUES MONEY...

Please Stop Gov, Unions from robbing American"s Care Givers, Gov, needs to stay out of this.

Please stop Unions from stealing from health care providers. Stop the dues skimming immediately.

PLEASE ENTER YOUR COMMENT HELet's put an end to the union thievery of home care providers.

The process is simple, stop government from creating sanctions that take taxpayers money from things like Medicare. Why do unions get one penny of Medicare dollars for any reason. You must undo these actions now and return all dollars where they belong.

Stop funding the unions with tax payer money!

Please stop union dues skimming so that the elderly can get the care they need and deserve.

PLEASE stop the Gov.'t Union ripping us off!!!.....

One of the forgotten rights guaranteed under the First Amendment to the U.S. Constitution is the Freedom of association. The Unions Scam to FORCE people to pay them dues against their will BLATANTLY VIOLATES this right. Home healthcare providers in many states are being Forced to pay the unions for an association that many of them do NOT choose.
I urge you to follow the first amendment of the constitution and allow the individual the right to decide for themselves who they will and will NOT associate with. Vote to end this ILLEGAL Union Protection Racket. This practice should be investigated immediately under the RICO statutes. I firmly believe what the unions are doing is every bit as criminal as the behavior of the MOB!</p>

I thank you for your work for us. I would like to make an opinion known with that being said. The transfer of money that can go to union upper mgmt from medicare I am against and would love to see something done about. Thank you for your time.

We're counting on you to do the fair and just thing. Investigate the allegations that Government unions are skimming money from health care workers, and if you find it happening put a stop to it.

Please stop this practice ASAP. These Union bosses only care about what they want. They don't care about what the hard working members want.

Ruben J. Garcia, Professor of Law, University of Nevada Las Vegas
 Paloma M. Guerrero, Third Year Law Student, University of Nevada, Las Vegas*
 *For Identification Purposes
 Comment on CMS-2413-P
 August 13, 2018

 We oppose proposed Regulation CMS-2413-P. The principle that government should not interfere with a workers choice whether or not to join a union has been well established for decades. In the Supreme Courts recent decision Janus v. AFSCME Council 31, the Court extended that principle even to the payment of agency fees to a union. Theorizing that it was compelled speech to be required to pay money to the union that represents them, the Court made the entire public sector workplace a so-called right to work zone and struck down the agency fee statutes of 22 states under the First Amendment. Although it was unwise and unwarranted to overrule Abood v. Detroit Board of Education, the Court has now made the payment (or nonpayment) of union dues a First Amendment activity.

 In this proposed regulation, CMS is interfering with the choice to join a union by prohibiting the voluntary use of Medicaid and Medicare funds received by home care providers for voluntary dues to a labor organization. This is unconstitutional. The Administration now seems to believe that government can instruct workers not to give their own wages to unions. This is a blatantly discriminatory and unconstitutional condition designed with animus toward labor organizations and their constituents.

 It is the height of irony that the same Administration which purportedly stood behind worker freedom in Janus now refuses to allow workers the freedom to use the reimbursement they receive from the government for caring for the sick and elderly from using their money for any reason they want, including supporting organizations that they believe would give them a voice at their workplace. Scholarship widely states home care workers are comprised of women (89% being female) and people of color (more than half) seldomly disclosing the immigrant prevalence (about a quarter). The demographics of home care workers demonstrate the heightened importance for unionization. Being an immigrant, a woman, a person of color, a mix or all three, there are numerous disadvantages to overcome that to add prohibiting their ability to support their union is simply malicious. Here are just some of the reasons why home care workers have good reasons to support unions:

 Brendolyn Hendrix, a homecare worker and member of SEIU Local 503, stated during an interview: If we can get together in numbers, we can get the things that we need in life. The power that comes from a collective, unified voice made up of directly affected people is incontrovertible. Home care workers, through unions, have fought and won what every other workforce wants: higher wages, basic benefits, and job training. The Fight for \$15 movement has seen victories in Massachusetts, Oregon, Washington state and Los Angeles county, even with strong opposition. This movement has won other benefits for workers

Ruben J. Garcia Professor of Law University of Nevada Las VegasPaloma M. Guerrero ThirdYear Law Student University of Nevada Las VegasFor Identification PurposesComment on CMS2413P August 13 2018We oppose proposed Regulation CMS2413P. The principle that government should not interfere with a workers choice whether or not to join a union has been well established for decades. In the Supreme Courts recent decision Janus v. AFSCME Council 31 the Court extended that principle even to the payment of agency fees to a union. Theorizing that it was compelled speech to be required to pay money to the union that represents them the Court made the entire public sector workplace a so-called right to work zone and struck down the agency fee statutes of 22 states under the First Amendment. Although it was unwise and unwarranted to overrule Abood v. Detroit Board of Education the Court has now made the payment (or nonpayment) of union dues a First Amendment activity. In this proposed regulation CMS is interfering with the choice to join a union by prohibiting the voluntary use of Medicaid and Medicare funds received by home care providers for voluntary dues to a labor organization. This is unconstitutional. The Administration now seems to believe that government can instruct workers not to give their own wages to unions. This is a blatantly discriminatory and unconstitutional condition designed with animus toward labor organizations and their constituents. It is the height of irony that the same Administration which purportedly stood behind worker freedom in Janus now refuses to allow workers the freedom to use the reimbursement they receive from the government for caring for the sick and elderly from using their money for any reason they want including supporting organizations that they believe would give them a voice at their workplace. Scholarship widely states home care workers are comprised of women (89 being female) and people of color (more than half) seldomly disclosing the immigrant prevalence (about a quarter). The demographics of home care workers demonstrate the heightened importance for unionization. Being an immigrant a woman a person of color a mix or all three there are numerous disadvantages to overcome that to add prohibiting their ability to support their union is simply malicious. Here are just some of the reasons why home care workers have good reasons to support unions Brendolyn Hendrix a homecare worker and member of SEIU Local 503 stated during an interview If we can get together in numbers we can get the things that we need in life. The power that comes from a collective unified voice made up of directly affected people is incontrovertible. Home care workers through unions have fought and won what every other workforce wants higher wages basic benefits and job training. The Fight for 15 movement has seen victories in Massachusetts Oregon Washington state and Los Angeles county even with strong opposition. This movement has won other programs in Washington Oregon Connecticut Massachusetts Illinois and some counties in California. Domestic Workers Bill of Rights laws have been passed in New York Hawaii California Illinois Connecticut Oregon Massachusetts and Nevada often with the help of union representatives being instrumental in the passage of these laws raising standards throughout the sector. The laws also protect privacy rights such as prohibiting employers from restricting interfering with or monitoring the private communications of their workers. These victories are important when considering the projected growth in employment for home care workers. With estimates of annual wages anywhere between 13800 to 18598 these workers fall far below the average annual earnings for all wage and salary workers in the United States at 46440. In a January 2011 Bureau of Labor Statistics report the difference between median weekly earnings of union vs nonunion members is about a 200 a week difference. Thus unionized workers in one year will earn about 10400 more than nonunion members. Collective bargaining agreements such as the ones in Minnesota and Washington State outline specifics on grievance and arbitration procedures where workers may file grievances against the employer if any part of the collective bargaining agreement is violated. Home care workers need strong unions. It is important in these times where the retirement of the baby boomer generation has made long term care a critical issue that government be on the side of the workers. In sum proposed Regulation CMS2413P is unnecessary and counterproductive End dues skimming!!!!

As Speaker of the Iowa House of Representatives, I respectfully ask the Department of Health and Human Services and the Centers for Medicare & Medicaid Services to enact the proposed rule, CMS-2413-P, addressing union dues skim from Medicaid beneficiary payments. Enacting this rule will end the unfair and confusing rules that trap home caregivers in unions. Medicaid has a narrowly defined purpose to protect our country's most vulnerable citizens. Home caregivers have a unique employment status. They are either employed by their clients directly, paid by the state for their services on behalf of the client, or employed by a privately owned and operated home care agency that contracts with the state to serve Medicaid clients. Most caregivers serving Medicaid-eligible clients are friends or family members of the person they serve. This affords clients the freedom to choose their caregiver, remain connected to their community, and control the type of care they wish to receive. Additionally, this saves taxpayer dollars by avoiding paying for client care in an institutional setting. A 2005 executive order issued by Gov. Tom Vilsack (D) authorized the unionization of care providers. His successor, Gov. Terry Branstad (R) rescinded the previous executive order in 2012 but it is unknown how much dues AFSCME Council 61 was able to collect during that time. Please enact the proposed rule PLEASE stop robbing the poor people that are caregivers to others.

PLEASE ENTER YOUR COMMENT HERE. I am a caregiver and I object to unions taking any money that I need to take care of my husband. This needs to stop immediately!

PLEASE ENTER YOUR COMMENT HERE Stop unions from skimming off the backs of workers .

Need you help to stop Government Unions from robbing America's care givers.

According to a recent study by the Freedom Foundation, union dues skimming amounted to \$150 million in 2017 and totaled approximately \$1.4 billion since 2000. In the eight states that continue the practice of dues skimming, this amounts to taking an average of \$409 per provider per year. The dues skimming practice traps providers caring for the most vulnerable into paying union dues. Although the voluntariness of assignment of Medicaid monies is irrelevant under Section 32 which prohibits all assignments, except to government agencies or by court order the practical effect of dues skimming is that it does not allow home healthcare providers to voluntarily decide that they prioritize union membership above their other priorities. As a result, they are often left with no choice over where to spend their limited, needed assistance. By ending the practice of dues skimming, home healthcare providers will be able to focus on taking care of their friends and family members in need of care and in the manner which best suits their needs and preferences and not

This should be voluntary.

Stop the unions from ripping off medicare from health care workers. The unions are robbing health care workers and this needs to be stopped. These people should not be forced to belong to the union unless it is their choice

August 13, 2018
 The Honorable Alex Azar II
 Secretary
 U.S. Department of Health & Human Services
 Hubert H. Humphrey Building
 200 Independence Avenue SW
 Washington, D.C. 20201
 Dear Mr. Secretary:

I support proposed rule #CMS-2413-P, to stop state governments from making payments to third parties on behalf of individual providers. A related issue came before our state Senate in February of this year, and much of the debate focused on the propriety of forcing homecare providers people who are serving some of our most vulnerable Medicaid-eligible disabled and elderly clients to give part of their modest pay to a labor union as dues. The concerns that were expressed within our chamber about how unions would use these dollars are certainly valid, but as ranking member of our Senate Health and Long Term Care Committee my focus then and now is on what is best for those receiving care. Our state has made amazing progress regarding homecare, but that progress is put at great risk when payments to providers are partially diverted to union dues, with no discernable benefit to the provider. I worry that without reforms such as proposed rule #CMS-2413-P, we will see a decrease in the number of providers because the financial sacrifice they make becomes too large to bear and that directly affects the ability to provide care. Additionally, as healthcare resources become increasingly stretched, we can only limit services to patients in need for the purpose of expanding a private program. That is simply unacceptable. Medicaid funds must be used for their intended purpose, rather than reassigned to third parties in ways that do not benefit patients. I encourage you to move ahead with this proposed rule for the good of those throughout my state and our nation whose lives are improved by quality in-home care.

Sincerely,
 Senator Ann

The skimming of our Taxpayers money from the HealthCare Givers has got to STOP now! Big Corp CEOs & Big Union Bosses are NOT entitled to a dime of our money,... especially without our permission!
 #DRAINTHESWAMP of ALL the SWAMP RATS!

Leftist union bosses making six figure salaries are stealing money from the people who are taking care of the sick and elderly. And if thats not bad enough, you in the government are helping them do it!
 Stop union skimming dues from healthcare worker pay checks!

PLEASE STOP UNION SKIMMING FOR POLITICAL GAIN! Mandatory union dues dollars being spent for political influence is criminal, please stop the unions.

Having been an Independent Living Specialist , I worked with Care Givers. Great hard working people who can barely pay their rent. We will need more and more of them as our population ages. Do not punish

VOTE REPUBLICAN AND STOP DEMOCRAT DEMOCRAP!

Please stop the forced union dues

Please stop allowing union leaders to take Medicaid money from home healthcare providers.

Please see the attached comments from Ben Straka, Oregon Policy Analyst for the Freedom Foundation.

August 13 2018 The Honorable Alex Azar II Secretary U.S. Department of Health Human Services Hubert H. Humphrey Building 200 Independence Avenue SW Washington D.C. 20201 Secretary Azar I am writing in support of the Center for Medicaid Services proposal number CMS2413P. Over the past few years I have served as the Oregon Policy Analyst for the Freedom Foundation a nonprofit think tank promoting individual liberty and accountable government in the Pacific Northwest. During that time I have gained extensive knowledge of the payment process for Medicaid paid individual providers in Oregon known here as homecare workers (HCWs) and personal support workers (PSWs). Unfortunately I have also experienced firsthand the many abuses they are subjected to because of an illegal practice known as union dues skimming. Adopting CMS2413P would go a long way toward stopping this illegal practice and rightly ensuring that true to the original intent of Section 1902(a)(32) of the Social Security Act Medicaid dollars are paid directly and in full to their intended recipients. In Oregon the skimming of union dues from caregivers Medicaid payments has become a prominent issue ever since the U.S. Supreme Court ruled in *Harris v. Quinn* (2014) that caregivers could no longer be required to financially support a labor union as a condition of working for Medicaid eligible clients. However the framework for diverting Medicaid dollars to labor unions was put into place years before the courts ruling showing among other things a preplanned and coordinated effort to use 42 CFR 447.10(g)(4) as a way to continue siphoning Medicaid dollars to labor unions even after individual providers could no longer be required to pay. The Service Employees International Union Local 503 (SEIU 503) has been the exclusive representative of HCWs in Oregon since 2001 when the union won an election administered by the Oregon Employment Relations Board (ERB) with the support of 39 percent of approximately 12000 eligible voters. Although the majority (58 percent) did not the union would represent all HCWs in the state.¹ One year earlier the union had successfully passed a ballot measure to create the Oregon Home Care Commission (HCC) and designate it as the public employer of HCWs solely for the purpose of collective bargaining.² PSWs were added to the existing SEIU 503 bargaining unit much later in 2011.³ The state of Oregon has acted as the unions dues collector from the beginning. However when it negotiated its first collective bargaining agreement (CBA) with the union in 2003 caregivers who did not agree to union membership were nonetheless required to pay a fair share fee to the union as a condition of employment.⁴ That changed with the U.S. Supreme Courts 2014 decision in *Harris v. Quinn* and the union took steps to prepare itself. Specifically SEIU 503 used the states role as dues collector to make it more difficult for HCWs and PSWs to exercise their constitutional rights under *Harris*. Until 2011 or 2012 SEIU 503s membership applications authorized the state to deduct dues from providers Medicaid payments but did not impose any restrictions on providers ability to cancel those deductions.⁵ However a few years before *Harris* SEIU 503 revised its membership applications to include the following language adding in fine print This authorization is irrevocable for a period of one year from the date of execution and from year to year thereafter unless not less than thirty (30) and not more than fortyfive (45) days prior to the end of any annual period or the termination of the contract between my employer and the Union whichever occurs first I notify the Union and my employer in writing with my valid signature of my desire to revoke this authorization.⁶ The fine print language locks caregivers into paying union dues for at least a year and limits their ability to cancel dues deductions to an individualized 15 day annual window. Although such language did not have any practical effect until *Harris* it was clearly designed to limit caregivers ability to cancel the union dues deductions from their Medicaid payments in the event of a *Harris* type decision.¹ Northwest Labor Press. 12000 homecare workers in Oregon say Union Yes. December 21 2001. <https://nwlaborpress.org/2001/12/21/01SEIU.html>.² Oregon Secretary of State. Election results available online at <https://sos.oregon.gov/blue-book/Documents/selections/initiative.pdf>.³ A copy of the certification is available online at <https://www.oregon.gov/ERB/certifications/suc00711.pdf>.⁴ The 2003/2005 collective bargaining agreement between the Oregon Home Care Commission and SEIU 503 on behalf of HCWs and PSWs is available online at https://www.oregon.gov/DHS/SENIORS/Disabilities/HCC/PSW/HCW/Documents/2003/2005_OHCCSEIU_CBA.pdf.⁵ See *Entwistle v. Brown* p. 9. Available online at <http://www.freedomfoundation.com/wp>

Accordingly when Harris was decided SEIU 503 and the state amended their CBA to include identical language.⁷ Since Harris hundreds if not thousands of HCWs and PSWs in Oregon have attempted to exercise their constitutional right to cease paying union dues. However very few have been successful. The primary reason for caregivers inability to exercise their Harris rights has been the restrictive 15day window language imposed by SEIU 503. Since only the union knew when a given caregivers escape period occurred submitting a resignation during the window was next to impossible. To help caregivers get their requests processed the Freedom Foundation began collecting their optout requests and submitting copies to SEIU 503 once every two weeks on the theory that every caregiver would eventually have their resignation submitted during their individualized window. Still the union refused to process the resignations because they were merely copies.⁸ At one point the Foundation was submitting more than 900 resignation requests to SEIU 503 every two weeks.⁹ One caregiver Bonita Entwistle sent more than 20 separate resignation requests to SEIU 503. It ignored every single one.¹⁰ Beginning in 2016 the Freedom Foundation started filing litigation on behalf of specific caregivers who had their requests denied and negotiated settlements with SEIU 503 that ceased the dues deductions from the named plaintiffs.¹¹ The most recent lawsuit was also the largest including 14 named plaintiffs.¹² In a separate case the Freedom Foundation represented a caregiver named Kyle Osburn a Portland resident who receives Medicaid payments for providing care for his disabled son. In 2016 the state of Oregon deducted money from several of Osburns paychecks on behalf of SEIU 503 even though he never signed a membership card or authorized the payments. Osburn asked the union to refund the unlawfully deducted dues in October of that year but received no response. No dues were refunded no explanation was given and no acknowledgment of any kind was made.¹³ Osburn was ultimately allowed to cancel and received a full refund of the unauthorized dues deductions but only after the Freedom Foundation pursued litigation on his behalf.⁷ Id. pp. 1012.8 Freedom Foundation. Federal Lawsuit Accuses Oregon SEIU 503 of Violating Caregivers Rights to Opt Out. November 3 2016. <https://www.freedomfoundation.com/press-release/federal-lawsuit-accuses-oregon-seiu-503-of-violating-caregivers-right-to-opt-out>.9 Aaron Withe. SEIU 503 refuses to honor optout requests. Freedom Foundation January 11 2018. <https://www.freedomfoundation.com/labor/seiu-503-refuses-honor-opt-requests>.10 Ibid.11 Editorial board. Home care worker quit her union but her dues payments continued. The Oregonian February 16 2016. <https://www.oregonlive.com/opinion/index.ssf/201602/post159.html>.12 Aaron Withe. SEIU 503 refuses to honor optout requests. Freedom Foundation January 11 2018. <https://www.freedomfoundation.com/labor/seiu-503-refuses-honor-opt-requests>.13 Freedom Foundation. Freedom

The frequency of such violations would be greatly reduced if caregivers were in control of the full amount of their Medicaid provider payments. Adopting CMS2413P would do nothing to prevent caregivers from voluntarily paying union dues upon receiving their payment but it would go a long way towards protecting them from the abuses that are made possible by the states role in collecting dues. Unfortunately the states ability to reassign Medicaid funds to third parties has been the primary mechanism by which SEIU 503 has been able to get away with countless violations of Oregon caregivers rights. I urge you to adopt proposal number CMS2413P to protect caregivers constitutional rights in Oregon and across the country by ensuring that Medicaid dollars are paid directly and in full to individual providers. Thank you Ben Straka Policy Analyst Freedom Foundation BStrakaFreedomFoundation.com 503.951.6208 PO Box 18146 Salem OR 97305 FreedomFoundation.com

See attached file(s)

August 13 2018 The Honorable Alex Azar II Secretary U.S. Department of Health Human Services Hubert H. Humphrey Building 200 Independence Avenue SW Washington D.C. 20201 Secretary Azar As a former Washington State Supreme Court justice from 1996 to 2010 and a passionate advocate for civil liberties I believe it is imperative the Department of Health and Human Services move forward with proposal CMS2413P and repeal 42 CFR 447.10(g)(4). The existing regulation is not only illegal but enables states and labor unions to violate the civil rights of home caregivers serving Medicaid eligible clients. 42 CFR 447.10(g)(4) improperly contradicts a federal statute. 42 U.S. Code 1396a(a)(32) provides that all state plans for medical assistance must provide that no payment under the plan for any care or service provided to an individual shall be made to anyone other than such individual or the person or institution providing such care or service under an assignment or power of attorney or otherwise. The statute provides four clearly enumerated exceptions to this general requirement (1) physicians required to turn over their fees to their employer (2) assignments of wages to a government agency or entity (3) physicians submitting a claim for payment for services provided to their patients by another physician and (4) certain payments for childhood vaccines made by a state directly to a vaccine manufacturer. The corresponding regulations found in 42 CFR 447.10 echo the statutory requirement that payment for services be made directly and in full to the Medicaid provider subject to the applicable exceptions. However in 2014 the Centers for Medicare and Medicaid Services (CMS) adopted 42 CFR 447.10(g)(4) and added an additional exception to the statutory direct payment requirement. The regulation provides In the case of a class of practitioners for which the Medicaid program is the primary source of service revenue payment may be made to a third party on behalf of the individual practitioner for benefits such as

Several States have requested that we consider adopting additional exceptions to the direct payment principle to permit withholding from the payment due to the individual practitioner for amounts paid by the State directly to third parties for health and welfare benefits training costs and other benefits customary for employees. These amounts would not be retained by the state but would be paid to third parties on behalf of the practitioner for the stated purpose. While section 1902(a)(32) of the Social Security Act does not expressly provide for additional exceptions to the direct payment principle we believe the circumstances at issue were not contemplated under section 1902(a)(32) of the Act and therefore that the direct payment principle should not apply.¹ Thus in its own words CMS admitted at the time it had no statutory authority to add an additional exception to the statute. The fact that some states believed additional exceptions to the direct payment requirement might make for good policy does not mean CMS had legal authority to contradict through a regulation a law duly passed by Congress. Similarly an agency's estimation that Congress did not contemplate a particular set of circumstances does not give it carte blanche to substitute its own laws for those passed by the people's elected representatives. The need for federal agencies to have statutory authority for their actions has been clearly recognized by the Supreme Court which has held that an agency literally has no power to act unless and until Congress confers power upon it... An agency may not confer power upon itself. To permit an agency to expand its power in the face of a congressional limitation on its jurisdiction would be to grant to the agency power to override Congress. This we are both unwilling and unable to do. See *La. Pub. Svc. Comm'n v. FCC* 476 U.S. 355 (1986). For a federal agency to act without Congressional authority is unquestionably impermissible. For an agency to directly contradict the will of Congress however innocuous the usurpation erodes the foundations of the rule of law and our constitutional order. Some have argued that Congress intent in adopting the direct payment requirement was merely to prevent payments from being made to factoring agents. However factoring is not specifically mentioned in the statute and CMS found it necessary to subsequently emphasize via regulation that payments to factors are not permitted. See 42 CFR 447.10(h). Whatever its reasons for establishing 42 U.S. Code 1396a(a)(32) Congress clearly contemplated several instances in which it did not wish for the direct payment requirement to apply and enumerated specific exceptions accordingly. Those wishing to add to the list of such exceptions are free to make

Civil rights violations are facilitated by 42 CFR 447.10(g)(4). Since the 1990s labor unions have successfully unionized home care aides serving Medicaid clients in at least 13 states. Many states required these home caregivers who are often related to their clients to pay union dues or fees as a condition of employment. Typically union dues would be withheld from caregivers Medicaid payments by the state.² However the U.S. Supreme Court ruled in *Harris v. Quinn* 573 US (2014) that the First Amendment prohibits partial public employees like home care aides from being required to financially support a labor union against their will. Nevertheless certain states have worked to help unions institute coercive workarounds designed to thwart the Harris decision. For instance in my home state of Washington SEIU 775 and Gov. Jay Inslee's administration agreed to a provision in the collective bargaining agreement governing the state's individual provider home care aides requiring the state to deduct full union dues from caregivers wages with or without authorization unless a caregiver objects to the deductions in writing. The unjustifiable practice has resulted in the unauthorized seizure of millions of dollars in union dues from thousands of caregivers Medicaid payments. Though the four-year-old scheme is currently being challenged in federal court it never could have been implemented but for the state acting as unions dues collector.³ Similarly the state permits union organizers access to caregivers in state-facilitated captive audience settings in which they are pressured to sign nearly irrevocable union membership forms without being properly apprised of their constitutional right to refrain from supporting the union financially.⁴ Such attempts to deny caregivers knowledge of and agency to exercise their constitutional rights are difficult to defend. As a firm believer in the Washington State Constitution's proclamation in Article I Section 1 that governments are established to protect and maintain individual rights it is disheartening to see the government of my home state work towards the subversion of its residents civil liberties for the benefit of politically influential special interests. CMS should clarify that federal law prohibits states from diverting funds to unions from caregivers Medicaid payments. If a caregiver wishes to use some of his or her wages to pay union membership dues that is their right. Preventing states from collecting union dues from caregivers wages will increase² Maxford Nelsen. *Getting Organized at Home Why Allowing States to Siphon Medicaid Funds to Unions Harms Caregivers and Compromises Program Integrity*. The Freedom Foundation. July 18 2018. <https://www.freedomfoundation.com/wp-content/uploads/201807/GettingOrganizedatHome.pdf>³ Associated Press. *Lawsuit seeks reimbursement for home care worker union dues*. July 3 2018. <https://www.seattletimes.com/seattle-news/ap/lawsuit-seeks-reimbursement-for-home-care-worker-union-dues/>⁴ Rob

caregivers control over how they choose to spend their money and thwart many of the coercive activities undertaken by unions and state governments so far. CMS should make sure it takes the necessary steps to achieve this result. Repealing 42 CFR 447.10(g)(4) is legally necessary regardless of policy opinions and would resolve some of the current ambiguity about the legality of states collecting union dues from Medicaid payments. However some states or unions may argue the mere repeal of the regulation is not enough to invalidate the practice. They may point to the fact that some states have performed this function since at least the early 1990s without CMS taking action to enforce the direct payment requirement in 42 U.S. Code 1396a(a)(32). Of course inaction on the part of federal regulators does not render an action legally permissible. Further prior to the adoption of 42 CFR 447.10(g)(4) some states seemingly recognized that Medicaid laws prohibit them from deducting union dues directly from wages. In 2008 for example the Iowa Department of Human Services acknowledged that Due to Federal Medicaid rules the Iowa Medicaid Enterprise is not able to deduct the dues. Nevertheless CMS should take decisive action to settle the matter once and for all. CMS could accomplish this by clarifying in its adoption of the final rule that the statutory direct payment requirement prohibits states from diverting Medicaid funds to unions. Alternatively perhaps this is a situation which like the prohibition against payments to factors in 42 CFR 447.10(h) requires CMS to adopt a regulation affirmatively clarifying that the direct payment requirement prohibits deductions of union dues and political contributions. Such a regulation might provide that In the case of a class of individual practitioners for which the Medicaid program is the primary source of service revenue no person or entity authorized to disburse funds to an individual provider or practitioner as payment for any service furnished to a beneficiary may deduct withhold or collect any funds from the provider or practitioners payment on behalf of a membership organization labor union nonprofit entity or political fund. While 42 U.S. Code 1396a(a)(32) is unambiguous and should suffice to settle any questions over the legality of states deducting union dues from caregivers wages such a regulation would align with the statutory direct payment requirement and add needed clarity to this contentious issue. Accordingly I urge you to proceed with and if possible strengthen proposal CMS-2413-P. Respectfully

The CMS must withdraw CMS-2413-P. Home care workers paid directly by Medicaid must be able to have their union dues automatically deducted from their paychecks. Preventing this would lead to lower pay (for workers who are already paid very little), worse (or potentially no) health insurance, and a decline in working conditions. Home care will continue to expand in the future. Those who work in the industry must be paid a living wage and provided with good quality benefits. Do not allow CMS-2413-P to be implemented.

Please stop this stealing now! These kind people who take care of our parents (and their's) deserve so much more than this. It is evil to let this happen!

I totally agree to propose the rule of the Medicaid Program Reassignment of Medicaid Provider Claims. Reasons being, one the training that we, PCA's have to go through for our clients doesn't relate to my client, so I don't see a reason on spending time and money on going. Unions should be paying for training, not taking it out of the Medicaid account to pay for training.

Please make every effort to stop Union Bosses from taking money from Health Care workers. These workers need financial protection. They care for our elderly and weak citizens, who need aid and assistance. It is imperative that these Care Givers be protected from unfair debits to their already meager salaries! I strongly urge you to rectify this heinous practice! Thank you for your attention to this matter!

Sincerely
Greedy unions are constantly sapping the earnings of hard working people who do care taking for the infirm. They are doing nothing in return. Please change the laws to stop that from continuing.

My husband has had Alzheimers for nine years. We have been able to keep him at home with the help of many caregivers. To a person, each of them resents having to pay union dues they do not want to pay. So many elderly need Medicaid to get by, and unions drive up the price of caregiving so no seniors can afford to take care of themselves or their loved ones. Please help this overlooked problem for our seniors. Their tragedies have been ignored while we give extra support to illegals who did not ever pay into the system. Please prioritize the

My wife and I have a special needs son who requires a PCA. Rather than employ someone else to provide care for our son, we elect to self-pay my wife to provide our sons needed care. While Medicaid funds help offset some of the cost of my wife not working, they come nowhere close to replacing what she could be earning. It makes no sense to us that a union would get to take some of the Medicaid money designated for the care of our son while not providing any representation for us. Let them ask us if we want to be represented. As it now

PLEASE ENTER YOUR COMMENT HERE
Those salaries are amoral and keeping money away from family members that are in greater need from illness.

I am a PCA and take care of my 36 year old son. I think it is very unfair to force care providers into unions and paying dues for nothing

Stop union officials from skimming money off dues paid by workers. Is this part of the reason Michigan's economy went down the drain during the automotive fiasco? Far too many automotive workers and their families lost their way of life at that time.

WE DO NOT NEED UNIONS

Unions get more than enough money from their members. We don't need our tax dollars going to support them which in turn normally only supports one party over the other. Healthcare dollars need to go towards healthcare

PLEASE treat all people fairly! Stop taking money that does not belong to you!

PLEASE stop the union dues skimming, by undoing the crooked regulation that makes it possible for unions to skim medicaid dollars.

This government union robbing has got to stop. Take action now!

union bosses are skimming nearly 200 MILLION MEDICAID DOLLARS A YEAR from Americas home care providers. How can that be allowed to happen? This needs to be stopped now! Pass legislation to prevent this outrageous abuse of Medicaid!

See attached document.

STATE OF WASHINGTON Washington State Comments on CMS2413PI. Introduction. The demographic shift occurring across the country is causing a dramatic increase in the demand for Medicaid services in particular the services delivered by Individual Providers. Washington's longterm services and supports system is ranked 1 in the nation by AARP. A key part of this successful and cost effective system is the result of a concerted effort to create a stable and well qualified pool of Individual Providers. Washington has worked closely with its state and federal partners including the union to recruit train and retain this workforce. The advocacy of the union has played a significant role in achieving this goal. As part of this cooperative arrangement the State implements modest and commonplace deductions from workers paychecks such as taxes health care premiums overpayment recoupment and voluntary union dues. The proposed repeal of 42 CFR 447.10(g)(4) appears to be an attempt to undermine the quality and stability of the workforce of over 40000 Individual Providers represented by the union who provide inhome personal care services to more than 50000 of the most vulnerable residents of Washington. IL The proposed rule change is contrary to the legislative intent of 1902(a)(32) of the Social Security Act which prohibits assignments not these types of deductions from individual paychecks. In its proposal HHS argues the purpose of this rule change is due to concern that 447.10(g)(4) is overbroad and insufficiently linked to the exceptions expressly permitted by the statute. However the original legislative intent of 1902(a)(32) of the Social Security Act which 42 CFR 447.10 implements was to address the issue of factoring arrangements which is not at issue in this case. Congress did not contemplate Medicaid providers like the Individual Providers. Individual Providers should be allowed like a person in a typical employment relationship to continue to direct the State to deduct union dues and healthcare benefit premiums. The statutory prohibition against factoring arrangements is simply inapplicable to these routine voluntary deductions. To the extent the rulemaking notice suggests that the regulatory change would outlaw such deductions the proposed rule change is out of alignment

HHS admits it does not know the impacts of the proposed change. HHS has received and will continue to receive many comments regarding the proposed rule change impact on Unions but Washington strongly encourages HHS to consider the full implications of removing 42 CFR 447.10(g) in its entirety. Compounding the situation further is the fact that HHS is proposing to cut 42 CFR 447.10(g)(4) while admitting that it lacks information with which to quantify the potential impacts of this policy. This acknowledged lack of information is even more alarming given that HHS decided to forgo the standard 60 day comment period and instead utilized a shortened 30 day comment period. HHS asserts that it has complied with Executive Orders 12866 and 13563 which direct agencies to assess all costs and benefits and to select approaches that maximize net benefits. Yet these assertions are contradicted by HHS's acknowledgment throughout the rulemaking notice that it has not quantified the impacts. HHS has also failed to comply with Executive Order 13132. The rulemaking notice states that HHS has not quantified the impact of the repeal yet it inexplicably concludes that this regulation does not impose any costs on state or local governments and therefore Executive Order 13132 is not applicable. This is another example that rulemaking is premature and HHS needs to take more time to ascertain likely costs and work with the states as required by Executive Order 13132. States will also incur significant costs if they have to change their current practices and retool their payment systems. In addition to cost concerns Medicaid programs across the country may be negatively impacted by this proposed rule change if it impedes the ability of states to recruit and retain a high quality Individual Provider workforce. Individual Providers may view the proposed rule change as a signal that their benefits are at risk and seek other employment opportunities. For example Individual Providers who meet eligibility requirements may opt to receive health care coverage but are required to pay a monthly premium which is deducted from their paychecks. The proposed regulatory change would seem to prohibit such voluntary deductions endangering these Individual Providers access to medical care. The loss of a robust and skilled pool of Individual Providers could result in increased utilization of institutional settings at a significantly higher cost. At a minimum the full impacts of the proposed rule change on recruitment and retention of providers and the quality of care received by clients should be fully evaluated by HHS prior to moving forward with any change to 42 CFR 447.10. Conclusion. Given the uncertainty about the economic impact described in the Notice and HHS's requests for information from the public about the cost of the repeal Washington State strongly urges HHS to rescind the Notice of Proposed Rulemaking. If any action is to be taken it should be a Request for Information to gather enough data to conduct a proper analysis of the financial costs the HHS insists on proceeding Washington asks that it be given a reasonable amount of time to assess what changes to its current practice are required by the rule to implement those changes to its processes and procedures and to make any necessary modifications to its payment system. JAY INSLEE Washington State Governor BOB FERGUSON Washington State Attorney General CHERYL STRANGE Secretary Washington State Department of

please stop the corruption and waste in Washington

Unions had their purpose decades ago, now they are destructive to commerce.

Please stop the Union Officials from skimming off the Union dues and from the Home Health Care workers.

Please stop unions from skimming funds from Medicare payments.

PLEASE stop unions from skimming health care

It is past time to stop Medicaid abuse. Stop the government unions access to Medicaid immediately. They have been robbing us taxpayer for far too long. Stop their abuse now.

As a care giver, there is no way I can afford to be a union member who must pay union dues. I am a wife who takes care of my husband and do not earn an outside income.
We can not afford to hire union help. This would be a tremendous burden to anyone in our situation.

Union bosses steal nearly 200 MILLION MEDICAID DOLLARS A YEAR from Americas home care providers. Please stop unions from stealing money from these hardworking home care providers.

Comments from Maryland Public Policy Institute attached

Centers for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413PP.O. Box 8016 Baltimore MD 212448016 Re File code CMS2413P Comments submitted electronically at www.regulations.gov Dear Secretary Azar and Administrator Verma Thank you for the opportunity to submit comments on your proposed rule Medicaid Program Reassignment of Medicaid Provider Claims. Maryland Public Policy Institute is a nonpartisan public policy research and education organization focused on Maryland policy issues that generates accurate and timely research and formulates and promotes public policies at all levels of government based on principles of free enterprise limited government and civil society. The Maryland Public Policy Institute strongly supports the proposed rule for legal and policy reasons. Section 1902(a)(32) of the Social Security Act codified as 42 U.S.C. 1396a(a)(32) requires that state Medicaid plans provide that no payment under the plan for any care or service provided to an individual shall be made to anyone other than such individual or the person or institution providing such care or service under an assignment or power of attorney or otherwise. Although the Medicaid Statute includes several narrow exceptions to this direct payment rule the Law does not delegate authority to the HHS Secretary to create additional exceptions beyond those enumerated in the Statute. However in 2014 despite an acknowledged absence of authority to promulgate new exceptions to 447.10(g)(4). This provision established an exception for independent home care providers for whom Medicaid is the primary source of service revenue that allows Medicaid plans to pay funds owed to these caregivers for services rendered to third parties for benefits such as health insurance skills training and other benefits customary for employees. In its Proposed Rule for the addition of 447.10(g)(4) HHS and CMS stated While section 1902(a)(32) does not expressly provide for additional exceptions to the direct payment principle we believe the circumstances at issue were not contemplated under section 1902(a)(32) of the Act and therefore that the direct payment principle should not apply. That Congress did not contemplate an exception is not a basis for creating it particularly when the enabling statute is unambiguous and there has been no delegation of authority to add new exceptions as is the situation here. Therefore 447.10(g)(4) should be removed. We are also concerned that government workers unions and allied state officials may be using this provision to help justify diversion of Medicaid dollars away from elderly and disabled Medicaid beneficiaries and their caregivers to labor unions. In 2007 the Maryland Governor issued an Executive Order that established a process for unionization of independent home care providers who served Medicaid beneficiaries in Maryland's home and community based services waiver programs. Within six months of the Order American Federation of State County and Municipal Employees Council 67 (AFSCME) claimed that it was elected to represent Maryland's 4000 providers in collective bargaining negotiations. (Maxford Nelsen Freedom Foundation Getting Organized at Home Why Allowing States <https://www.freedomfoundation.com/wp-content/uploads/201807/GettingOrganizedatHome.pdf> (last visited August 8 2018)) In 2011 the Maryland legislature established unionization of independent home care providers by statute. The law granted the State and the Union the authority to negotiate memoranda of understanding (MOU) establishing mandatory union service fees for providers who declined to join the Union. However providers caring for immediate family members were exempted from the requirement to pay union service fees. Thus even before the Supreme Court's decision in *Harris v. Quinn* 134 S. Ct. 2618 (2014) (in which the U.S. Supreme Court held that independent in-home caregivers in Illinois could not be forced to pay union fees) many providers in Maryland were not legally obligated to pay union service fees despite the Union's negotiation of an MOU that instituted mandatory automatic withdrawal of them. (Id.) Ultimately Maryland cancelled its independent provider program because of the costs of compliance with the Fair Labor Standard Act. The State has moved to an agency model whereby it contracts with home care agencies that employ home care providers. Interestingly termination of the use of independent home care providers also appears to have ended unionization of providers employed by home care agencies. From 2010 through 2015 the AFSCME was able to channel an estimated nontrivial sum of 1606500 from home care providers to union activities. (Id.) Although Medicaid compensated home care providers beneficiaries and the Medicaid Program in Maryland are no longer disadvantaged by diversion of Medicaid dollars for purposes not sanctioned by the Social Security Act this continues to occur in other states. Removing 42 C.F.R. 447.10(g)(4) will preclude the automatic fee collection

funds from Medicaid beneficiaries their caregivers and the Medicaid Program to unions and therefore render the carrying out of such schemes much more difficult. Respectfully Yours Christopher B. Summers President and Chief Executive Officer The Maryland Public Policy Institute One Research Court Suite 450 Rockville Maryland 20850

Stop robbing the medicade syste

Please end this problem and stop government unions from robbing America's care givers.

PLEASE STOP THIS DUES SKIMMING IMMEDIATELY.

Stop Union thievery and dues skimming from those who can afford it least and get the least benefit from Union interference

Stop the deductions for unions.

Government unions have become a bank account for Democrats and Progressives only, I am a Conservative and would be against this crookery if it would benefit Conservatives, it is nothing short of robbery from people that really cannot afford it and have no word in how that money will be spent.

PLEASE stop those crazy gov't. Union's....

August 13, 2018
Via Federal Rule Making Portal

Secretary Honorable Alex Azar
Administrator Seema Verma
United States Department of Health and Human Services
Centers for Medicare and Medicaid Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Ave.
Washington, D.C. 20201

Re: Comments on Proposed Rule: Reassignment of Medicaid Provider Claims
CMS-2413-P

Dear Secretary Azar and Administrator Seema Verma,

Health Access California, the statewide health care consumer advocacy coalition committed to quality, affordable health care for all Californians, writes in opposed to the proposed rule on reassignment of Medicaid provider claims.

In-home supportive services workers in California provide valuable care to seniors and persons with disabilities who rely on Medicaid for long term care services in-home. Provision of these services reduces Medicare costs by stabilizing consumers in their own homes.

The employees who provide these important services deserve access to health insurance on the job, just as other employees in the health care sector from those in hospitals to pharmaceutical manufacturers in this country receive health benefits through employment. Yet the proposed regulation, as we understand it, would deprive this one group of employees of employer-sponsored health insurance. These employees would lose health insurance through employment through no choice of their own but as a result of these regulations being imposed on states.

The evidence is unequivocal: people without health insurance live sicker, die younger and are one emergency room visit away from bankruptcy. Loss of employment-based coverage puts these in home supportive services workers are at risk of losing their own care as they provide care to others.

We also note that in other areas of health care, such as hospital staffing, peer-reviewed studies have found that the presence of a union improves staffing and thus to improves patient outcomes.

For these reasons, we ask that this proposed rule be withdrawn.

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 Via Federal Rule Making Portal
 Secretary Honorable Alex Azar Administrator Seema Verma
 United States Department of Health and Human Services
 Centers for Medicare and Medicaid Services
 Hubert H. Humphrey Building Room 445G 200 Independence Ave.
 Washington D.C. 20201
 ReComments on Proposed Rule Reassignment of Medicaid Provider Claims
 CMS2413PD
 Dear Secretary Azar and Administrator Seema Verma
 Health Access California the statewide health care consumer advocacy coalition committed to quality affordable health care for all Californians writes in opposition to the proposed rule on reassignment of Medicaid provider claims.
 Inhome supportive services workers in California provide valuable care to seniors and persons with disabilities who rely on Medicaid for long term care services in home. Provision of these services reduces Medicare costs by stabilizing consumers in their own homes. The employees who provide these important services deserve access to health insurance on the job just as other employees in the health care sector from those in hospitals to pharmaceutical manufacturers in this country receive health benefits through employment. Yet the proposed regulation as we understand it would deprive this one group of employees of employersponsored health insurance. These employees would lose health insurance through employment through no choice of their own but as a result of these regulations being imposed on states. The evidence is unequivocal people without health insurance live sicker die younger and are one emergency room visit away from bankruptcy. Loss of employmentbased coverage puts these in home supportive services workers at risk of losing their own care as they provide care to others. We also note that in other areas of health care such as hospital staffing peerreviewed studies have found that the presence of a

Sincerely
 Anthony Wright Executive Director2

PLEASE legislate for the benefit of UR constituents under this republic U vowed 2 uphold its democracy ideology.

PLEASE Stop skimming off of the top of money paid to caregivers. The unions do not deserve it.
Thanks</p>

PLEASE ENTER YOUR COMMENT HERE
 I am not working but have young families still working. Why can5 we get rid of u ions skimming from the hardworkingworkers

forced union-ism is unconstitutional.

PLEASE ENTER YOUR COMMENT HERE
 Stop government unions from robbing Americas caregivers.

stop the unions they are a leach on society to allow them to do this is wrong

Please do everything you can to stop these forced collections from Home care providers, the Unions are not good any longer, they have become a mafia.
Thank you</p>

THIS IS OUTRAGEOUS ROBBING AMERICA'S CARE GIVERS! PLEASE ENTER YOUR COMMENT HERE

Stop the stranglehold that government unions have over hard working Americans. Furthermore, there should be NO UNIONS at all in the government!

The Unions are too big!

The first one to use a good idea to get a chance to stop receiving any money for the Crooked Union Boss. Its like the old movies where these evil people have no concerns for their Union Brother's and Sister's.

We need to replace anti-american Democrats with pro-american Republicans.

This corruption must cease and those responsible brought to justice.

PLEASE ENTER YOUR no more union dues HERE

We need to ban all gov unions because they are illegal and any biz with a union on the premises should not have a closed shop and the RTW should be enforced....

August 15, 2018
The Honorable Alex Azar, Jr.
Secretary
U.S. Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201

Secretary Azar,

I represent House District 23 in Oregon and am writing in support of CMS proposal number CMS-2413-P.

During my time representing the people of Oregon, I have been greatly concerned with our state governments practice of skimming funds from Medicaid provider payments on behalf of third parties like labor unions. My concern stems not only from my professional experience dealing with unions, but also from experiences that are closer to home.

My wife is an employee of the Oregon Department of Fish and Wildlife, and for many years she was required to pay fees to SEIU 503 the same union that represents Medicaid-paid caregivers in Oregon even though she was not a union member. Thankfully, the U.S. Supreme Courts recent decision in Janus v. AFSCME recognized that she cannot be forced to pay such fees, much like the courts ruling in Harris v. Quinn did for caregivers.

Unfortunately, the law still does not go far enough to protect caregivers rights. In Oregon, SEIU 503 and the state have persisted in deducting union dues from Medicaid-paid caregivers against their will.

In fact, my wifes experience with SEIU 503 shows just how far the union will go to siphon money from individuals paychecks and spend it on causes they disagree with. In 2016, while I was running for re-election, SEIU 503 spent over \$53,000 against me an effort that my wife was forced to pay for over her objections.

In other words, SEIU 503 and the state ignored my wifes objections and forced her to spend money to support a smear campaign against her own husband. Specifically, SEIU 503 operated a PAC called The Real Mike Nearman Committee, which not only opposed me politically but also attacked me personally. The PAC controlled by SEIU 503 even claimed that I did not support paying disabled people a fair wage, which my wife, as a person with a disability, found especially distressing.

Although my wife is not a Medicaid-paid caregiver, Ive told her story to illustrate the ways in which SEIU 503 and the state of Oregon have abused the payroll deduction process to benefit third party special interests and spend individuals money in ways that were never authorized by the intended recipient.

I am even more concerned about protecting Medicaid-paid caregivers from such abuses. As mentioned previously, SEIU 503 is the union that represents these caregivers in Oregon.

I have heard countless stories of caregivers requesting to cancel union dues deductions pursuant to Harris v. Quinn, only to be ignored by the state and told by SEIU 503 that they cannot cancel the deductions. During my time in office, SEIU 503 has also lobbied for legislation designed to prevent caregivers from being contacted and informed about their rights under Harris v. Quinn, thus indicating the unions desire to continue siphoning union dues unopposed from caregivers Medicaid

Let's put Justice back in the American Way.

PLEASE investigate the thievery that us occurring by unions. We cannot allow that to continue.

I am writing in support of the proposed rule: Medicaid Program Reassignment of Medicaid Provider Claims.

Although Virginia is a Right to Work state, the current process, in many states, of taking much needed Medicaid funds and directing them away from health needs of those on the program to union coffers should end as soon as possible. If we truly believe in health care reform, and that tax dollars for health care should go toward health care, then those who are most needy among us -- those on Medicaid --should not be penalized by politically powerful unions wanting to use these much needed funds to enhance their bank accounts.

Michael W. Thompson, President
Thomas Jefferson Institute for Public Policy

</p>

Stop the unions from robbing our benefits. Give it back to our care takers.

This is just another example of an out of control government.

Please stop the union bosses from stealing medicaid funds
intended for poor people that often don't even have jobs.
The country is going broke trying to provide medicaid to
illegal immigrants. We can't afford to give it the unions that it was never intended for.

Comments from State Policy Network attached

Centers for Medicare Medicaid Services Department of Health and Human Services Attention CMS2413PP.O.
Box 8016Baltimore MD 212448016 Re File code CMS2413PComments submitted electronically at
www.regulations.gov Dear Secretary Azar and Administrator Vermal write on behalf of the State Policy Network
(SPN) the national nonprofit organization that works daily to strengthen and defend the rights of working
families by promoting policies that safeguard personal freedom economic liberty the rule of law and property
rights and foster limited government. Our network includes 64 independent state think tank affiliates and over
90 associate partners. Thank you for the opportunity to submit comments on your proposed rule Medicaid
Program Reassignment of Medicaid Provider Claims. SPN strongly supports this proposed rule on law policy and
moral grounds. In recent years I have come to learn the personal stories of families that would benefit from
enactment of this rule including the Coomer family that lives outside Seattle in Washington State. Sally Coomer
provides inhome care for her adult daughter Becky who experienced a brain injury at birth that left her with
developmental disabilities cerebral palsy and blindness. Sally receives a monthly Medicaid stipend that was cut
short when her state government skimmed money from it without her consent and gave it to a union. She like
countless others doesn't want to be coerced or deceived into paying a union just so she can look after her
daughter. Sally said it best Caring for my daughter is not a job that needs union intervention. This is my daughter
Unfortunately the Coomer family's story isn't unique. Miranda Thorpe also a mother in Washington who provides
inhome care to her adult daughter Sarena has been working to educate other caregivers about their rights not
to pay a union. Sadly many states and the unions they work with have imposed hurdles that make it difficult if
not impossible for busy relatives of sick and disabled adults to leave a union and protect their Medicaid stipends
in full. Mothers like Kris Greene in Minnesota know how crucial this needed support is to keep their patients in
this case her daughter Meredie at home and comfortable. Every dollar state governments are allowed to skim
from Medicaid checks and give to unions is a dollar not spent on people like Becky Sarena and Meredie. These
vulnerable citizens are why the integrity of this Medicaid program must be protected. THE HHS SECRETARY
LACKED AUTHORITY TO ADD AN ADDITIONAL EXCEPTION TO MEDICAID'S DIRECT PAYMENT RULE. Under
1902(a)(32) of the Social Security Act Medicaid plans must provide that no payment under the plan for any care
or service provided to an individual shall be made to anyone other than such individual or the person or
institution providing such care or service under an assignment or power of attorney or otherwise except that
The statute includes exceptions for payments to employers health care facilities such as hospitals or clinics
government agencies providers of billing or collection services pursuant to a court order and physicians whose
patients are seen by another physician under specified conditions. The statute does not contain a delegation of
authority to the HHS Secretary to create exceptions beyond those already specified in the Act. In 2014 HHS added
42 C.F.R. 447.10(g)(4) which created a new exception applicable to independent home care providers for whom

revenue and exceeded the statutory authority given to it by congress. Section 447.10(g)(4) allows Medicaid plans to pay funds owed to these caregivers for services rendered to third parties for benefits such as health insurance skills training and other benefits customary for employees. The previous Administration acknowledged that the statute did not confer authority on the Secretary to create this new exception. HHS stated in its Proposed Rule for the addition of 447.10(g)(4) While section 1902(a)(32) does not expressly provide for additional exceptions to the direct payment principle we believe the circumstances at issue were not contemplated under section 1902(a)(32) of the Act and therefore that the direct payment principle should not apply. That Congress did not contemplate an exception is not a basis for creating it particularly when the enabling statute is unambiguous and there has been no delegation of authority to add new exceptions as is the situation here. Therefore 447.10(g)(4) should be removed. REMOVING 42 C.F.R. 447.10(g)(4) WILL PREVENT THE IMPROPER DIVERSION OF MEDICAID FUNDS FOR USES OUTSIDE THEIR STATUTORY PURPOSES. Of the 170 billion per year Medicaid spends on longterm services and supports (LTSS) nearly 60 percent is used for home and communitybased services (HCBS) (Steve Eiken et. al. (2018) Medicaid Innovation Accelerator Program Medicaid Expenditures for LongTerm Services and Supports in FY 2016). The majority of these funds are expended to allow Medicaid recipients to continue to reside at home or in the community rather than in expensive longterm care facilities. The efforts of independent inhome health care providers are central to keeping elderly and disabled Medicaid beneficiaries like those I mentioned above at home and out of nursing homes. These caregivers help beneficiaries with a variety of personal care activities and chores like bathing dressing grooming housecleaning preparing meals and eating shopping and traveling to doctor appointments. Kris Greene recently explained (The Medicaid program has) been able to keep (my daughter) Meredie at home instead of having to be in a group home or statefunded place. Its helped maintain her stability Its been really good for her. I can only imagine where shed be without it. Many perhaps most independent inhome health care providers are relatives or friends of the individuals they assist (Protect Providers Homepage (SPN <https://www.protectproviders.com>) J. L. Wolff K. Davis M. Leeds et al. (2016) Family Caregivers as Paid Personal Care Attendants in Medicaid Roger C. Lipitz Center for Integrated Health Care Johns Hopkins University (<https://www.jhsph.edu/research/centers-and-institutes/rogerclipitzcenterforintegratedhealthcare/issuebrief/familycaregivers.html>)). Because independent inhome health care providers who rely on Medicaid as their primary source of revenue are engaged in singleworker singleemployer relationships that often involve family members or friends there is no obvious role for unionization of these individuals. Nevertheless government unions have colluded with state government officials in some states in order to make independent inhome health care providers another source of dues income. In a significant number of states they have been successful at unionizing these caregivers and arranging for automatic dues deductions from their Medicaid payments. Prior to the United States Supreme Courts decision in Harris v. Quinn 134 S. Ct. 2618 (2014) which held that independent inhome caregivers in Illinois could not be forced to pay union fees there is a good chance that withdrawals from a home health providers paycheck for union fees were mandatory. There was no way for most workers to

Unions and their allies in state governments typically attempt to designate independent inhome caregivers as state employees for the purposes of collective bargaining. Workers are denied all other benefits of employment such as access to state retirement plans state health insurance plans state employee workers compensation insurance and even indemnity in the event of lawsuits but through this vehicle unions become their exclusive representatives. States then serve as organized labors dues collectors automatically deducting funds from workers Medicaid payments on the unions behalf. Some states have deducted as much as 1000 a year from independent inhome health providers modest pay for years often without workers knowledge or consent. In this way unions have colluded with friends in state governments to siphon an estimated 1.4 billion from Medicaid including 150 million in 2017 alone. (Maxford Nelsen (2018) Getting Organized at Home Why Allowing States to Siphon Medicaid Funds to Unions Harms Caregivers and Compromises Program Integrity (<https://www.freedomfoundation.com/wp-content/uploads/2018/07/GettingOrganizedatHome.pdf>) Dues Skimming FAQs State Policy Network <http://spn.org/duesskimmingfaqs>.) Unions have taken extreme steps to continue the flow of Medicaid dollars. They have tried to prevent independent inhome health providers from learning their rights mandated or pressured them into attending coercive union recruitment meetings that were labeled as informational sessions and placed enormous obstacles in the way of caregivers who want to stop states from deducting union dues from their paychecks. Organized labor has used state resources to promote union membership and encouraged providers to join unions electronically via hand signed cards or by telephone while (<https://www.freedomfoundation.com/laborsixwaysseiu775isgettingaroundharrisvquinn>) Maxford Nelsen (2016) Getting Organized at Home Why Allowing States to Siphon Medicaid Funds to Unions Harms Caregivers and Compromises Program Integrity.) It is often unclear what if any benefits unions offer caregivers and Medicaid beneficiaries for the substantial fees they charge. Removing 42 C.F.R. 447.10(g)(4) will close a loophole that will safeguard Medicaid funds for those who truly need them and ensure full compliance with the law. It will also give states and unions clear guidance that they must follow in substance as well as form the Supreme Courts rulings in Harris and Janus v. Am. Fedn of State Cnty. and Mun. Emps. Council 31 No. 161466 (2018) which held that state employed workers cannot be required to support unions as a condition of employment. Congress primary motivation for including a prohibition on allowing practitioners to assign Medicaid and Medicare payments to third parties may have been included to prevent factoring of provider receivables which they believed could encourage fraud and abuse. (Missionary Baptist Found. of Am. v. First Natl Bank 796 F.2d 752 (1986)) Factoring isnt mentioned in the statute but 42 C.F.R. 447.10(h) explicitly prohibits Medicaid from making payments for provider services to factors. To the extent that diversion of Medicaid moneys to unions represents abuse particularly amid allegations of fraudulent or misleading union behavior prevention of this abuse falls within purpose of Medicaid's direct payment requirement. RESCINDING 447(G)(4) WILL NEITHER PREVENT INDEPENDENT INHOME CAREGIVERS FROM JOINING UNIONS NOR STOP THEM FROM RECEIVING ANY BENEFITS THAT MAY ACCRUE FROM UNION MEMBERSHIP. Finally it is important to emphasize that removal of 447(g)(4) in or obtaining any benefits that could potentially accrue to members of a unions. This includes the entirety of those benefits mentioned in 447(g)(4) including health insurance and training. CONCLUSION Rescinding 447(g)(4) returns 447(g) to its proper statutory scope. It also will help curb Medicaid abuse increase independent inhome health care providers takehome pay protect caregivers and Medicaid beneficiaries rights and defend taxpayers and the integrity of the Medicaid program without limiting the ability of caregivers to unionize or receive potential benefits from union membership. Respectfully Yours Tracie Sharp President CEO State Policy Network PLEASE Stop unions from stealing care givers dues for political causes.

Please stop the practice by the unions to skim money through obamacare from home health caregivers and taxpayers. please repeal the entire obamacare law too.

I urge you to stop union dues skimming now. It's a slap in the face to our care givers.

Stop Union dues skimming immediately. 8/7/18..

The unions have far outlived their time. Nobody has the right to demand pay offs from ANYBODY!

Please help the Trump administration stop this job-killing regulation.

Please stop forced union contributions - it is a theft!

Stop Gov. Unions from robbing America's Care Givers! Unions have an unfair advantage!

STOP THE RAIDING AND THIEVING FROM MEDICARE NOW !!!!!

Our business has lost employees who tell us if they work over a certain amount of hours theyll loss their Medicaid support.
Stop this charade so we can hire the sorely needed employees that are involved in your scheme, we need workers.

Stop this unnecessary regulation. Utilize good common sense and utilize these funds on those intend to help or for paying down our enormous national debt and not payoff union bosses for their sole support of the Democratic Party.
Yes, we do know whats going on and its disheartening that under th guise of helping others, the federal government is helping one party to pay its debts.

This effort may be futile, but you are being exposed as the hacks that you are.

May god bless your hearts.</p>

With all the things going on in the USA, thief should not. There is no reason for stealing from the people working as hard as they are. Unforgivable.

End regulations that allow corruption by the union s.

Every so called program that receives money from the federal government needs to be reviewed to see who is profiting from said funds yearly and only those which do not benefit "one particular group" should be kept. All the rest should be done away with.

As a Medicaid-paid caregiver for my grandson since 2008, about 11 years, Ive had union dues withheld from my pay without my approval and used to fund a politically-divisive organization that I do not agree with or support.
As a former legal secretary and small business owner, I was shocked to find that DSHS of Washington State was sharing my personal information with a 3rd party, and allowing unauthorized sums to be withdrawn from my check.
Thankfully, I was able to cancel the states deduction of dues from my pay right after the U.S. Supreme Courts ruling in Harris v. Quinn.
However, the state of Washington and SEIU 775 continue to use coercion, gimmicks, deceptive and political action to keep seizing union dues from the Medicaid payments of thousands of other caregivers. The exploitation of families like mine violates caregivers rights, is bad for Medicaid as a program, and it needs to stop.
I support proposal CMS-2413-P and any other measures necessary to stop states like Washington from taking union dues out of caregivers Medicaid payments.

Please stop the Union bosses from steeling money from the Home Care Workers!! They are thieves.

PLEASE ENTER YOUR COMMENT HERE
Corruption, no matter the source must be investigated and exposed from now on.
Any and all guilty parties must be brought to justice! No one is above the law! Why
is this not just normal procedure?

Please stop Unions from taking funds away from healthcare givers

Skimming for union dues is stealing. Plain and simple.

Please put an end to the government graft and from officials taking money set for the general good of the people.
Clean up Washington now or be voted out!!</p>

Stop Union thievery and end dues skimming immediately! As a government official, representing your constituency, you need to end this government racket!

PLEASE ENTER YOUR COMMENT HERENo government unions needed !

Please Stop the unions from skimming money from from the American caregivers and use this money where it is more needed.
Thank you for giving attention to this matter.
Kind Regards

Enough is enough! You're robbing hard working people of their lively hood! Support President Trump in his efforts to make America great again!

PLEASE ENTStop taking our moneyER YOUR COMMENT HERE

Get the GOVERNMENT Union Bosses OUT of the Medicare CHECK BOOK!!!
Thank You
John C. Nelson

YES THIS NEEDS TO BE STOPPED. and A.S.A.P.

This was a bad move by President Obama. They should have had a chance to vote this in or vote no to the union instead of it being forced on them.

Please keep up your efforts to change the way these people are treating the needy families in the continuing effort you make to make it right.

The union thievery and dues skimming must stop now. Please undo these crooked regulations ,
Stop stealing money from hard working home caregivers

This wrong and must stop.

I recall a time when unions represented honest hard working people. But, alas, now they have become money laundering operations with no conscience. Fix this ridiculous abuse of trust!

Previous administrations enacted a ton of unspeakably awful regulations, destroying countless good-paying American jobs. It's time to end these regulations that allow \$200 million Medicaid funds to be taken from America's Home Care providers.

The skimming of dues from Medicaid payments for home healthcare is as wrong as the coercion of public employees to pay
agency fees before the U.S. Supreme Courts Janus decision rectified that wrong. In each case an individuals 1st Amendment
right to association is violated!
 </p>

Montana Policy Institute is a 501(c)3, non-profit, non-partisan think tank based in Helena, Montana. MPI focuses on finding free-market solutions to the public policy issues facing Montana.
MPI strongly supports the proposed rule.

Currently, over \$150 million each year is diverted from home health workers - those parents, sons and daughters caring for loved ones - to pay for unionization efforts. Every dollar matters when it comes to supporting those who are caring for the most vulnerable and these skimming of dues needs to stop.

Montana is not one of the 13 states that will be most impacted by this rule, but we still feel the effects of the status quo.

For example, SEIU 775 based in Seattle Washington represents home care workers in that state. As of the most recent state campaign finance reporting period, they are diverting \$175,000 of dues from Washington State to engage in Montana politics by donating, making expenditures, and supporting election issues in Montana.

Home care workers in Washington and in other states need relief from this kind of action. Where money is taken from them to support political action in other states. The proposed rule protects the core mission of Medicaid - to care for the vulnerable - and protects state's budgets by ensuring the reimbursement level set by an individual state goes to that state's Medicaid services and not to out-of-state

All workers should be free to choose if they wish to belong to a union. Forced unionism is not the American way. Please let workers have a choice. Thank you.

PLEASE ENTER YOUR COMMENT HERE unions serve no purpose other than to line the pockets of those that run it ! A lot like a socialist country-Hmmmm?

Unions should not be in a position to demand money from people that are not interested.

Care givers work very hard. You or a loved one might need one some day. Stop letting Unions Steal Millions from them.
You were elected to do the right thing and honest thing for the people.

Stop government unions from robbing ANYONE. But you must stop them from stealing from America's Care

Unions had their place in time but that time ran out along time ago when they started playing on the political realm. The fact they take hard earned money from workers who do not want to join is ludicrous... stop it now...

See attached file(s)

August 13 2018Centers for Medicare and Medicaid Services Department of Health and Human Services 7500 Security Blvd.Baltimore MD 21244Re Comments of the Home Care Association of America in Support of the Centers for Medicare Medicaid Services Notice of Proposed Rulemaking Medicaid Program Reassignment of Medicaid Provider Claims 83 Fed. Reg. 32252 RIN 0938AT61 CMS2413P (July 12 2018).The Home Care Association of America (HCAOA) submits the following comments in support of the Centers for Medicare and Medicaid Services proposal to remove 42 C.F.R. 447.10(g)(4) and end the ongoing assignment of Medicaid funds owed to personal care providers. For HCAOA this is a matter of fairness and transparency.HCAOA was founded on the principle that quality home care has one model of care and that model is to employ train monitor and supervise caregivers create a plan of care for the client and work toward a safe and secure environment for the person at home.To receive federal funding states that operate Medicaid programs must comply with certain federal requirements. Section 1902(a)(32) of the Social Security Act (the Act) requires direct payment to providers who render services to Medicaid beneficiaries. It states that no payment under the plan for care and services provided to an individual shall be made to anyone other than such individual or the person or institution providing such care or service under an assignment or power of attorney or otherwise.As CMS notes in the explanation of this proposed rule the regulations implementing section 1902(a)(32) of the Act have generally tracked the plain statutory language and required direct payments absent a statutory exception. However in 2012 CMS proposed a new regulatory exception in the Provider Payment Reassignment and Setting Requirements for Community First Choice published on May 3 2012 (77 FR 26361 26406) for a class of practitioners for which the Medicaid program is the primary source of service revenue. CMS notes that this provision was finalized and published on January 16 2014 (79FR 2947 3001) and authorized a state to make

HCAOA believes CMS is rightfully concerned that 447.10(g)(4) is overbroad and insufficiently linked to the exceptions expressly permitted by the statute. Section 1902(a)(32) of the Act provides for a number of exceptions to the direct payment requirement but it does not authorize the agency to create new exceptions. HCAOA shares this concern and supports that CMS is proposing to remove the regulatory exception at 447.10(g)(4).HCAOA notes that while states will no longer be able to withhold portions of a providers payment states may elect to maintain the same level of payment affording the provider the opportunity to purchase the items that were previously funded through the reassignment of reimbursement and thus this rule change would have no impact.Thank you for the opportunity to comment on this commonsense change to existing Medicaid regulations that applies fairness and transparency to home care payments.SincerelyPhil Bongiorno Executive

Please end the skimming of union dues right now . It is wrong and unfair to all taxpayers and should end immediately.
Thank you for your time.
James Roger

Labor unions should not be receiving funds from Medicaid. They should be using their own medical insurance like so many other unions do. No wonder health insurance is so costly with this sort of thing going on!

please remove all unions from Medicare subsidies paid for by American tax dollars without authorization from the people your constituents you represent and need to listen to, and change your representation to reflect their interests, not the unions.

Limit the govt. unions power to force payments from the workers.

August 13, 2018
DELIVERED ELECTRONICALLY
THE HONORABLE Seema Verma,
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2413-P, P.O. Box 8016
Baltimore, MD 21244-8016
RE: CMS-2413-P: Medicaid
Program; Reassignment of Medicaid Provider Claims
Dear Ms. Verma:
Big Sky 55+, is writing to
comment on this notice of proposed rulemaking (NPRM), issued by the Centers for Medicare and Medicaid
Services (CMS) and published in the Federal Register on July 12, 2018, which would repeal a current regulatory
provision clarifying that states may make deductions from provider payments for costs such as health care and
skills training without violating the Medicaid prohibition on reassignment of provider claims at 1902(a)(32) of the
Social Security Act.
Big Sky 55+ is an organization that advocates for public policies that make a
difference for Montanans 55 and older and the lives of future generations.
We are very concerned
about the potential impact of this rule change on seniors and people with disabilities that depend on home and
community based services.
We are also very concerned about the impact on home care workers, who
under this rule would be denied any equality. Their work requires patience, commitment and, often, physical
strength, in order to meet the needs of clients. Those providing these services should have the same rights to
organize and participate in unions that help them improve wages and working conditions, as well as advocate for
themselves and their clients.
While CMS views the payments to home care workers as service
payments, from the point of view of the workers they are very much like the paychecks that are analogous to
those earned by peers who are employed by agencies. In fact, many home care workers work in both agency and
home-based settings and move seamlessly between the two settings. The ability of home care workers to join
together in a union is not only critical for the wages, benefits and working conditions of the employees, but
unionization has improved the delivery system for these services by increasing stability in the workforce,
increasing training and quality and decreasing turnover.
We know from our grassroots public
education and advocacy work that a majority of Montana seniors and families prefer home and community-
based services (HCBS) to institutional care but need appropriate supports and services to stay in their homes as
they age and/or manage living with a disability. We know here in Montana, home and community based services
also saves the state revenue.
This proposed rule is nothing short of an attack on home care workers
who providing invaluable care, some of the lowest paid, hardest working people in our country who provide vital
services that translate into more independence, dignity and freedom for seniors and people with disabilities.
Ultimately, this rule change hurts.
[1] Montana is aging at a faster rate than most of the other States in
Democrats ALWAYS proclaim they are the party for the less fortunate and lower income but during Obama's
presidency they enacted a ton of unspeakably awful regulations, destroying countless good-paying American
jobs.
But one of the worst allows wealthy union bosses to steal nearly 200 MILLION MEDICAID DOLLARS A
YEAR from Americas home care providers.

Help the people in the trenches who are doing the REAL work.

If you want to save money, stop the bleeding!
I have contributed to healthcare for years and years. But they
keep taking out our money for other projects.

After having lived in both California and Texas, I now have an appreciation for unions. This is not a positive
appreciation, but an appreciation none the less.
How in the world is it permissible to allow union workers to
spend time that the taxpayers are paying them for and use this time in such ways as collecting union dues? Not
only is NOT appropriate, it is in fact appalling. Then, to find out that union employees are now collecting
Medicaid funds as well? This has to stop. The good folks in fly-over country will soon demand just a little bit of
common sense. When they do this type of behavior will hopefully be a practice only for the history books.

Thank you for taking recipients into consideration during your deliberations.

Please Stop taking our money ...

Unions are not good for workers. Please stop this union thievery and end dues skimming immediately.

It is time to stop the Union dues skimming from Medicaid dollars. Michigan is a Right to Work State and we do not have to join the Union. The Dept of Health and Human Services should not be assisting the Unions in any way, shape or form. It is unconstitutional.

The angels that care for our less fortunate need to take home as much compensation as they earn.

The Department of Health and Human Services needs to stop the crooked regulation of union dues skimming that is stealing \$200 million dollars a year from Medicare by wealthy Union Bosses from home care providers ! Thank you for your attention to this matter.

Stop allowing government unions from Robin American caregivers! It is criminal!

PLEAunion skimming NOW!!!Please stop SE ENTER YOUR COMMENT HERE

See attached file(s)

August 13 2018Centers for Medicare Medicaid Services Department of Health Human ServicesRE Proposal CMS2413PCenter for Medicaid ServicesAs advocates for individual liberty and limited accountable government the Freedom Foundation (Foundation) strongly supports the Center for Medicaid Services (CMS) recent proposal CMS2413P to repeal 42 CFR 447.10(g)(4). Further the Foundation encourages CMS to take whatever additional regulatory action may be necessary to ensure that states no longer withhold union dues and political contrributions from the wages of home care aides serving Medicaideligible clients (HCAs).The Foundation is a 501(c)(3) nonprofit organization founded in 1991 and based in Olympia Washington with an office in Salem Oregon and fulltime staff in California. For four years the Foundation has worked to educate the hundreds of thousands of HCAs on the west coast about their rights under the U.S. Supreme Courts 2014 decision in Harris v. Quinn which held that the First Amendment prohibits states from requiring partialpublic employees like HCAs to financially support a labor union.Such educational efforts have met with significant resistance from labor unions and state government officials aligned with them politically. The Foundation has also provided free legal assistance including representation in litigation in state and federal courts in all three states on behalf of HCAs whose rights have been and continue to be violated by labor unions and state governments.Our extensive experiences in court in state legislatures and working with HCAs have led us to conclude that it is imperative for CMS to take strong action to prevent states from diverting union dues and political contributions from HCAs wages in any capacity.Foundation report documents the history and scope of dues skimming.A comprehensive report recently released by the Foundation documents (1) the history of the unionization of HCAs in each state in which it has occurred (2) the amount of union dues diverted from HCAs wages in each state since 2000 and (3) the amount of union dues withheld from HCAs in 2017 and the number of HCAs affected. The report also explains why 42 CFR 447.10(g)(4) violates the direct payment requirement so clearly established by 42 USC

associated with the union operated training and health benefits trusts for HCAs in Washington state.¹ All told the Foundation estimates that since 2000 14 states California Washington Illinois Oregon Massachusetts Minnesota Vermont Connecticut Michigan Ohio Maryland Iowa Wisconsin and Missouri have deducted a total of 1.4 billion in union dues from Medicaid payments to HCAs. In 2017 unions in eight states California Washington Illinois Oregon Massachusetts Minnesota Vermont and Connecticut diverted 146.6 million from 358,000 HCAs Medicaid payments to unions. Though not currently occurring the legal framework for the unionization of HCAs and the accompanying deduction of dues from their wages remains on the books in two additional states Maryland and Missouri. Attempts to unionize HCAs in Pennsylvania are on hold pending a ruling from the Pennsylvania Supreme Court. We believe the report speaks for itself in documenting the abuses of HCAs perpetrated by unions and state government officials and in making the case in support of CMS2413P. However the Foundation would like to address some of the comments made in opposition to this important proposal. CMS has sufficient information to proceed with proposal CMS2413P. In its notice of proposed rulemaking (NPRM) CMS stated We lack information with which to quantify the potential impacts of this policy on these types of payments as the Department does not formally track the amount of reimbursement that is being reassigned to third parties by states. To offer one example one such potential impact of the proposed rulemaking would be that states stop reassigning homecare workers dues to unions. Some commenters have seized on this admission to argue that CMS has insufficient information to proceed with the rulemaking process. However the Foundation report referenced above and the resources cited therein should provide CMS with sufficient information to adequately understand the impact of repealing 42 CFR 447.10(g)(4). 30 days is an adequate comment period. Multiple commenters have objected to the 30 day comment period CMS provided for CMS1 Maxford Nelsen. Getting Organized at Home Why Allowing States to Siphon Medicaid Funds to Unions Harms Caregivers and Compromises Program Integrity. The Freedom Foundation. July 18 2018.

2413P and have requested that it be extended to 60 days. However there are at least three reasons why the allotted 30 day period is perfectly adequate. First there is no minimum duration required for a public comment period on an agency regulation. Agencies have discretion in determining the length of the comment period. According to the Federal Register in general agencies will specify a comment period ranging from 30 to 60 days though the time period can vary.² Thus a 30 day comment period is within the range of what is normal and typical agency practice. Second an extended public comment period is not justified in this case because CMS2413P is a comparatively simple regulatory action. It proposes no new regulatory text which must be interpreted understood and its effects projected. Instead it seeks simply to repeal a fairly minor existing regulation which has already undergone a comment period of its own. Thirdly proposal CMS2249P2 the NPRM issued by CMS in 2012 announcing its intention to adopt 42 CFR 447.10(g)(4) provided for a comment period of only 30 days.³ CMS2249 P2 not only proposed the new regulation that is now 42 CFR 447.10(g)(4) but the 172 page proposal made changes to 42 CFR 430 431 435 436 440 and 441 as well. If a 30 day public comment period was sufficient for a regulatory action of this length nature and relative complexity then a 30 day public comment period is perfectly defensible for CMS2413P which repeals but a small fraction of the original regulatory action and proposes no new regulatory language. If anything the sheer number of comments received by CMS regarding CMS2413P which dwarfs the number received by its predecessor CMS2249P2 confirms the adequacy of the 30 day public comment period. Home care programs will not suffer because of the repeal of 42 CFR 447.10(g)(4). Various commenters have claimed recruitment and retention of HCAs will suffer if the ability of states to withhold funds from HCAs via payroll deduction for benefits customary to employees is eliminated. However while the manner in which the benefits are funded may have to change it is not clear that repealing 42 CFR 447.10(g)(4) would by itself prevent states from providing health or training benefits to HCAs. Such benefits are most comprehensively offered by Washington State which serves as a useful case study. Pursuant to Article 15 of the collective bargaining agreement (CBA) between the State of Washington and SEIU 775 the state contributes 0.40 for every hour worked by an HCA to the SEIU Training Partnership which uses the funds to act as the monopoly provider of all training.² The Office of the Federal Register. A Guide to the

required of Washington HCAs.⁴ No contributions to the SEIU Training Partnership are withheld from caregivers wages via payroll deduction. Even if the program were to be substantively affected however it is far from clear that the effect on the provision of home care in Washington would be negative. The benefits of the expensive program have never been proven while its effectiveness as a barrier to entry to HCAs seeking to enter the field has been well documented. Similarly pursuant to Article 9 of the CBA the State contributes 3.55 per hour worked by an HCA to the SEIU Health Benefits Trust.⁵ The Trust can spend the state funds on whatever benefits it chooses to make available to HCAs it deems eligible for benefits. It has chosen to offer health benefits only to caregivers who work a minimum of 80 hours per month for at least two consecutive months.⁶ In addition to the funds it receives from the State an eligible caregiver must pay a monthly premium of 25 to the Trust.⁷ Currently the 25 payments are made via payroll deduction. If the State no longer processed these payment via payroll deduction the Trust could fairly easily adapt to accepting payments made by HCAs directly. It already accepts payment via check in the event there is an administrative or technical issue with an HCAs payroll deduction.⁸ Alternatively the Trust could drop the requirement that HCAs contribute at all and the State could decide to increase funding to the Trust to offset the difference. In other words the dire picture painted by opponents of CMS2413P of HCAs losing access to health insurance is unlikely to come to pass. Even if repealing 42 CFR 447.10(g)(4) more drastically upended the administration of health benefits for HCAs it is not clear that the end result would be worse than the status quo. Like other union operated trusts the SEIU Health Benefits Trust in Washington is opaque and unaccountable. Its administrative costs and accumulated cash are skyrocketing faster than it is paying out benefits. Many of the administrative services are purchased not from the best or most cost effective providers but from the union itself. In short it is ripe for cronyism and abuse of tax dollars. Lastly it is important to note that being coerced into financially supporting a controversial and politically divisive entity is a significant drawback for a sizeable percentage of the population. While impossible to quantify reliably the Foundations anecdotal experience suggests a not insignificant number of caregivers have left the industry to escape union harassment or been deterred from entering the field by a desire to avoid associating with entities like SEIU. Giving caregivers more control over their ability to determine whether and how to financially support a labor union may actually encourage some to enter the field who otherwise would not.⁴ A copy of the CBA is available online at http://sofm.wa.gov/sites/default/files/publiclegacy/laboragreements/17_19_nse/homecare.pdf⁵ Ibid.⁶ See this webpage regarding health insurance from the SEIU Benefits Group <https://www.myseiubenefits.org/healthbenefitstrustgetcovered>⁷ Ibid.⁸ See this webpage addressing FAQs

HCA's who wish to continue supporting their union will be able to do so. The majority of comments submitted in opposition to CMS2413P contend it is simply an attack on caregivers and their unions. This is simply incorrect. Repealing 42 CFR 447.10(g)(4) will not undo any existing collective bargaining relationships between states and unions representing HCA's. Neither will repealing the regulation prevent any HCA who wishes to pay dues to their union from doing so after they have received full payment from the state for the services they have provided. Even without payroll deduction the payment of union dues will be no more complicated than the payment of any other recurring bill. Unions may object that some HCA's lack the means to pay union dues other than via payroll deduction. This would seem to affect at most a very small number of HCA's and the fact that union CBAs increasingly require states to pay HCA's electronically makes the sincerity of this objection difficult to take seriously.⁹ CMS should take whatever additional action may be necessary to end the improper diversion of Medicaid funds. While the Foundation applauds the intent to repeal 42 CFR 447.10(g)(4) via CMS2413P it requests that CMS take all appropriate steps to ensure states diversion of Medicaid funds to unions comes to an end. At minimum CMS should clarify in its final rule that in its estimation the repeal of 42 CFR 447.10(g)(4) means that the direct payment requirement in 42 USC 1396a(a)(32) bars states from collecting union dues or political contributions from HCA's Medicaid payments. The unionization of caregivers and the subsequent deduction of dues from their wages by government entities began in the early 1990s long before the adoption of 42 CFR 447.10(g)(4) in 2014. Accordingly some states may contend that the regulation was not necessary for them to perform such deductions and that its repeal does not prevent them from continuing as they always have. Alternatively CMS could adopt new regulatory language specifically stating that payroll deductions for union dues or political contributions are prohibited. Such language might provide in the case of a class of individual practitioners for which the Medicaid program is the primary source of service revenue no person or entity authorized to disburse funds to an individual provider or practitioner as payment for any service furnished to a beneficiary may deduct withhold or collect any funds from the provider or practitioners payment on behalf of a membership organization labor union nonprofit entity or political fund. Much as CMS found it necessary to specifically clarify in 42 CFR 447.10(h) that the statutory direct payment requirement prohibited payments to factoring agents it may be appropriate for CMS to clearly specify that diversions of funds to unions or political entities is not permissible.⁹ See for example the most recent CBA between SEIU District 1199 and the State of

After taking the necessary regulatory action CMS should act promptly to begin enforcement proceedings against states which choose to continue violating the statutory direct payment requirement. 42 CFR 430.35 provides CMS may withhold federal financial participation funds from a state if its state plan no longer complies with the provisions of section 1902 of the Social Security Act or if in the administration of the plan there is failure to comply substantially with any of those provisions. Conclusion 42 CFR 447.10(g)(4) has been used as legal cover for states and labor unions to take advantage of growing amounts of Medicaid funds meant to help home caregivers serve the elderly and disabled. In the process the Constitutional rights of these caregivers have been trampled and the integrity of Medicaid compromised by a politically influential special interest and its political allies. All of this has been perpetrated in violation of federal laws governing Medicaid. The defenses of Medicaid dues skimming are invalid on both legal and policy grounds. The Foundation urges CMS to proceed with all speed and diligence to put an end to this illegal and unjustified practice once and for all. Sincerely Maxford Nelsen Director of Labor Policy Freedom Foundation P.O. Box 552 Olympia WA 98507 (360) 9563482

To the Department of Health and Human Services: Please repeal the Obama regulations which allow union bosses to steal from Medicaid and America's home care providers! Stop union dues skimming!

Re: Comment in Support of the Centers for Medicare & Medicaid Services Notice of Proposed Rulemaking Reassignment of Medicaid Provider Claims, 83 Fed. Reg. 32252, RIN 0938-AT61, CMS-2413-P (July 12, 2018)

My name is Hollee Saville and I am a licensed family child care provider in St. Michael, Minnesota. I fought for 10 years against the forced unionization of our homes and small businesses by AFSCME and SEIU. I oppose any use of Medicaid funds meant for those receiving PCA services to go to the unions.

I am writing in support of the proposed rulemaking (NPRM) by the Centers for Medicare & Medicaid Services (CMS) to remove a recently added regulatory exemption, found at 42 CFR 447.10(g)(4), to the direct payment requirements of Section 1902(a)(32) of the Social Security Act, 42 U.S.C. 1396a(a)(32) (hereinafter Section 32).

Please keep the Unions out of citizens paychecks! This is thievery! Let hard working Americans keep their money! The unions are a band of thugs living large off of the labor of others!

Enough of this type of behavior. Do what is right and reverse this decision.

It's such a shame that PCAs are still forced to be unionized by SEIU. Their homes, families, and profession have been forced to be represented by SEIU, despite the fact that only 13% of eligible PCAs voted to unionize in 2014 and the fact that they are employed by their clients, not the state. 27,000 PCAs, most of whom care for their own family members, now face mandatory trainings (aka marketing) by SEIU and many have dues taken out of their Medicare checks without realizing that it's optional.

Every citizen has a right to work for wages. It is unconscionable that others would confiscate a portion of others earnings for their greedy desires.

Get Unions Out of Healthcare.
Unions are corrupt
There was a time for Unions- but that time has gonePLEASE ENTER YOUR COMMENT HERE

Stop the Union bosses from skimming money away from health care works now! How can you let people get away with these actions? Shame on you!

Undo all Obama era regulations.

From the justification of the proposed rule:
"We are concerned that these provisions are overbroad, and insufficiently linked to the exceptions expressly permitted by the statute."

Nonsense. This is a weak and inadequate reason to change something that is working.

This proposal should not go forward.</p>

PLEASE STOP THE UNIONS FROM SKIMMING FROM MEDICAID

Dear ELECTED Official,
We need to stop union leaders from taking Medicaid dollars, 200 million per year. Why are they getting this? just because it was wrongfully allowed! Those are \$ that can do some good for those who are ill or disabled. The stealing needs to stop, and you are the one who needs to step up, you and all the elected, and stop this plunder.

Let us clean up the swamp!

PLEASE stop the union dues skimming asap. Thank you

DRAIN THE SWAMP NOW!

See attached letter from Senator John Braun, 20th Legislative District, Washington State.

Olympia Address 403 Legislative Building PO Box 40420 Olympia WA 98504 20 August 13 2018 Washington State Senate Senator John Braun 20th Legislative District Phone (360) 786 7638 Toll Free 1800 562 6000 John.Braun@leg.wa.gov The Honorable Alex Azar II Secretary U.S. Department of Health Human Services Hubert H. Humphrey Building 200 Independence Avenue SW Washington D.C. 20201 Secretary Azar Since 2012 I've served on the Washington State Senate Ways and Means Committee as well as the Labor and Commerce Committee. My experience on both committees has led me to conclude that proposal number CMS2413P the regulatory action recently announced by the Center for Medicaid Services is sorely needed. Repealing 42 CFR 447.10(g)(4) and by extension ending the practice of state skimming union dues out of Medicaid payments to home caregivers serving the disabled and elderly would help discourage unions from taking advantage of the hardworking caregivers who provide a critical service to the state and their clients. In Washington our states individual providers (IPs) have been unionized by SEIU 775 since the early 2000s. Prior to 2014 our states approximately 38000 IPs were required by state law and the union contract to pay union dues or fees as a condition of employment. Dues are set by the union at 3.2 percent of wages. The average caregiver pays about 650 per year in union dues though its not unheard of for a caregiver working for a high hour client to have more than 1000 per year in union dues withheld from their wages. The unique nature of the work performed by IPs means there are no traditional workplace issues for a union to address. IPs by definition work out of homes. In most cases IPs are live in caregivers and related to their client(s). There is simply no mechanism for a union to improve an IPs working conditions or to file grievances against the IPs employer/client. Consequently the unions role is limited to negotiating a collective bargaining agreement every other year with the governors appointed representatives in the Office of Financial Management setting IPs wages and benefit levels. The agreement is still subject to legislative approval and funding. For this limited service the state diverts nearly 22 million per year in Medicaid funds seized from IPs wages to SEIU 775. In other words the union collects nearly 44 million for each collective bargaining agreement it negotiates with the state. By contrast the largest state employees union in the state the Washington Federation of State Employees has a dues rate of only 1.5

simply taking advantage of IPs. The unions own documentation indicates that at least 43 percent of its funds are spent on political action and other activities unrelated to representing caregivers. IPs who either do not wish to support the unions agenda or who simply cannot afford to have so much of their wages spent for them by a third party received something of a reprieve in 2014 with the Harris v. Quinn U.S. Supreme Court ruling. Since then union membership and dues payment have technically been voluntary for this population. The reality on the ground however is far different. Numerous caregivers have testified in committee hearings about how the state has deducted union dues from their pay without authorization how they have been lied to about their constitutional rights and about how they have been prevented from cancelling the states deduction of dues from their pay. Despite such tactics thousands of caregivers have successfully resigned from the union since the decision. Allowing caregivers to exercise their First Amendment rights was unacceptable to the union and to the current administration. As a result during the past legislative session the state Department of Social and Health Services (DSHS) requested the legislature pass a bill SB 6199 to privatize the administration of Medicaid funded home care in Washington. It was later discovered that SEIU 77 had requested Gov. Inslee propose such legislation years earlier but it didn't have the political support to pass until this year. SB 6199 hopes to transform IPs into employees of a private company thus changing their current status as quasipublic employees for the purposes of state law and removing them from the protections of the Harris decision. DSHS eventually admitted the change would allow the union to force caregivers to pay union dues again. In addition to clawing back IPs rights the bill is expected to cost taxpayers an additional 26 million per biennium. It passed along party lines after massive pressure from SEIU 775. SB 6199 was one of the most disingenuous and cynical pieces of legislation I've ever seen. While repealing 42 CFR 447.10(g)(4) and prohibiting states from deducting union dues from caregivers wages may not roll back SB 6199 it will at least give IPs some real control over their paychecks for the next few years until DSHS transitions administration of the program to the new vendor. SEIU 775 would still be the certified bargaining agent for IPs and contracts would continue to be negotiated with the state. IPs who believe in the unions value and support its agenda would be free to join and pay dues to the union via check credit card or electronic funds transfer if they so choose. But those IPs who do not wish to have hundreds of dollars of the wages diverted to a third party would finally have meaningful protection. Please move ahead with proposal

This proposed rule change is another slap in the face of caregivers to our disabled and elderly population. People who get up early and go to bed late, taking care of people who can't care for themselves for generally very low wages should not be attacked by money-grubbing corporations and an incompetent, illegitimate, and thuggish government. This is a stupid rule that should be denied and put back under the rock from which it came.

Please help home health workers keep the hard earned money that they get from taking care of our family members. Stop the government unions from demanding dues from caregivers.

PLEASE ENTER YOUR COMMENT HERE. Correct this give way to the unions.

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Sabir, Jeremiah A. \(CMS/CMCS\)](#)
Subject: RE: PRR Preliminary Analysis
Date: Wednesday, September 26, 2018 1:22:00 PM
Attachments: [Themes of PRR Comments JS.XLSX](#)

Hey Jeremiah,

Sure, I did not get a chance to send you a message yesterday, but we met on Monday and we are in the phase of the project where we are now going to consolidate and analyze the various comments to pick up on themes. Attached is the tool everyone is using to provide analysis of the comments they've work on. We are doing this to capture all of the themes specific to the comment. For example, we know there were comments which referenced the 30 day comment period. Within the attached comment analysis, you would put an "X" under the column applicable to your initials for that specific issue. While the tool is already populated with themes, you may have to add additional themes to account for the comments you analyzed. You may also come across an issue that may be singular, but it may rise to the level of needing to be addressed in the final rule. You can add that item to this tool. You should have this level of analysis completed by Monday, October 1st. Please let me know if you have any questions or concerns regarding this phase of the project.

I believe I ended up analyzing some of your comments. I will do the analysis of themes as it relates to those comments.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
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From: Sabir, Jeremiah A. (CMS/CMCS)
Sent: Wednesday, September 26, 2018 9:23 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: PRR Preliminary Analysis

Good morning Chris,

I am following up to see if there was anything else to do with my assigned PRR section. I didn't see any upcoming meetings so I figured I will check in.

Sincerely,

Jerimiah A. Sabir

Social Science Research Analyst
Center for Medicare & Medicaid Services (CMS)
Center for Medicaid and CHIP Services (CMCS)
Financial Management Group (FMG)
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From: Thompson, Christopher C. (CMS/CMCS)

Sent: Tuesday, September 18, 2018 10:26 AM

To: Sabir, Jerimiah A. (CMS/CMCS) <Jerimiah.Sabir@cms.hhs.gov>; Mikow, Asher S. (CMS/CMCS) <Asher.Mikow@cms.hhs.gov>

Subject: PRR Preliminary Analysis

Hey Jeremiah and Asher,

I want to consolidate the comment analysis in preparation for the 11:00am meeting. Can you all upload your analysis to the [9/18/18 Preliminary Analysis](#) folder on share point.

Thank you,

Chris Thompson

Deputy Division Director

Division of Reimbursement & State Financing

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CT	JI	AM	TL	HJ	JS
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Theme

Rule will result in loss of benefits for home care workers because rule prohibits automatic paycheck deduction.

Rule would harm patients

Rule would harm workers

Administratively burdensome if Rule is changed

The proposed rule threatens to disrupt access to group health coverage for home health care workers and c

Undermines consumer directed care system

May reduce the number of people receiving LTSS in the community

Reduces state flexibility

The regulation may inadvertently limit the ability of states to ensure that there are appropriate supports for 30 day comment period unfair

Section 1902(a)(32) was passed to prevent providers from selling accounts receivables at a discount to priva

Executive Orders 12866 and 13563 direct agencies to perform cost benefit analyses of proposed regulations

Section 1396a(32)(B)(ii) permits a State to make payment to a provider's agent if (but only if) such agent doe

Adds administrative expense for monthly billing

Afraid will lose insurance coverage

Disproportionately impacts women and people of color.

Repealing 42 C.F.R. § 447.10(g)(4) will do great harm to workers' rights to collective bargaining: workplace p

Government shouldn't tell us how to spend our own money

May reduce qualified provider numbers

Agency's actions may be arbitrary and capricious under the Administrative Procedure Act

CMS is mischaracterizing or misunderstand the flow of payments to home care providers. The NPRM notes t

Courts have uniformly concluded that similar arrangements, where funds are automatically transferred to a

Authorized deductions do not constitute reassignment. An IP home care provider's authorized deduction of

CMS is contradicting the original intent of the rule of providing state flexibility in payment: "CMS has long so

CMS provides no other explanation to back up the concern that the provision is "overbroad and insufficiently

An agency changing its course by rescinding a rule or departing from precedent is obligated to supply a reaso

Undermines unions

Violates First Amendment

First amendment right to support unions

Violates civil rights

Hurts those who don't have bank accounts

Don't change automatic deduction

Providers should have choice of voluntary deductions

The regulation conflicts with the National Labor Relations Act which allows home care worker agencies to de

No evidence that consumers or providers want rule change

Finally, the federal courts have agreed that the purpose of the statutory prohibition is to prevent factoring. "

Cost savings from collective purchasing. ""Indeed, there may be cost savings resulting from the collective pu

CMS claim in NPRM that rule is "designed to ensure that taxpayer dollars dedicated to providing healthcare

The 2014 regulation established an option that states can elect to implement and is not a requirement.

The NPRM singles out dues deductions to unions as the sole example of a practice that will be implicated by

Eliminating the ability of workers to participate in a health plan is likely to shift them to the state Medicaid p

The NPRM contradicts CMS's push for state flexibility. 2014 rule does not require states to deduct payments

ould result in an overall drop in health outcomes for populations other than home health care workers.

individuals who self-direct their long-term services and supports (LTSS).

ite entities for the purpose of "factoring," or submitting false or inflated claims to the federal government, not to
; and to select regulatory approaches that maximize net benefits, "including potential economic, environmental,
es so pursuant to an agency agreement under which the compensation to be paid to the agent for his services for

protections achieved through collective bargaining are essential to improving the conditions of an undervalued w

that the rule will end the ability of states to "divert Medicaid payments away from providers" and claims that the
third party (such as so-called "double lockbox" arrangements used to convey Medicaid provider payments to a t
union dues or other benefit payments from her paycheck should not require a statutory exception to the anti-re
ought to ensure maximum state flexibility to design state-specific payment methodologies that help ensure a str
y linked to the exceptions expressly permitted by the statute."or any of the detail concerning its reasoning that o
oned analysis for the change. Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co., 463 U.S. 29

educt union dues from paycheck

The United States Court of Appeals for the Fifth Circuit has found, "An examination of the legislative history of th
urchase of such benefits and greater workforce stability." 79 Fed. Reg. 2948, 3002 (Ja. 16, 2014). The Departmen
services for low-income vulnerable Americans are not siphoned away for other purposes" is false. The union due

the new rule, despite the fact that neither the statute or previous regulation ever mention unions or deduction:
program or other publicly subsidized coverage, likely leading to higher rather than lower costs for the state.
s on behalf of home care workers, but rather leaves it up to states choose to do so if they believe that electing st

to prevent union dues and benefits from being taken out of individual providers' pay. public health and safety, and other advantages; distributive impacts; and equity.”³⁴ The criteria for determining whether or in connection with the billing or collection of payments due such person or institution under the plan is unrelated to the health of the patient.

workforce

The rule is “designed to ensure that taxpayer dollars dedicated to providing healthcare services for low income vulnerable populations are not diverted to other purposes. The rule requires that payments made by a third party pursuant to the provider’s standing instructions, or payments directly to HMOs pursuant to contracts with a reassignment provision because such a deduction does not constitute a reassignment.

Strong, committed, and well-trained work force. Currently, certain categories of Medicaid covered services, for which one would normally expect in the preamble to a rule, particularly one seeking to completely repeal current established law, 42, 103 S. Ct. 2856, 2866, L. Ed. 2d 443 (1983).

This provision reveals that its purpose was to prevent ‘factoring’ agencies from purchasing Medicare and Medicaid services. It stated further, “For the classes of practitioners for whom the state is the only or primary payer, these payments are deducted from already earned income and diverted from Medicaid services. These services have already been paid for by the state or the federal government.”

for union dues. This amounts to a substantial policy shift for which CMS provides no policy rationale. It will have a significant impact on the Medicaid program.

Such payment arrangements would benefit the Medicaid program. In its discussion of the initial proposal of the 2017 rule, CMS stated that the rule would “ensure that taxpayer dollars dedicated to providing healthcare services for low income vulnerable populations are not diverted to other purposes.”

g whether a rule can be considered economically significant takes into account not only the impact of the regulation (directly or indirectly) to the amount of such payments or the billings therefor, and is not dependent upon 1

nerable Americans are not siphoned away for other purposes.”⁵ These claims echo the contention of Senator Reid with their Medicaid-funded practitioners, as authorized by 42 CFR § 447.10(g)(3) despite the lack of any correspon-

ch Medicaid is a primary payer, such as personal care services, suffer from especially high rates of turnover and a published policy that was last reviewed by the agency relatively recently.⁶ This description of the flow of dollars under

d accounts receivable at a discount and then serving as the collection agency for the accounts.” In Re Missionary t arrangements are an efficient and effective method for ensuring that the workforce has health and welfare bene- been provided and the dues are coming out of the expenses already incurred, not from budgeted amounts for th-

re a major impact on states, providers and consumers who have built consumer directed programs in reliance on

014 rule change, CMS noted that CMS had “long sought to ensure maximum State flexibility to design State-spec-

tion on the economy as measured in dollar terms, but also broader effects.³⁵ Yet not only is CMS unable to prove the actual collection of any such payment.... Similarly, 42 C.F.R. § 447.10(f) exempts payments— "made to a busin

on Johnson, in a letter he sent to CMS and in a follow-up staff report from the Committee on Homeland Security (quoting statutory authority) are valid so long as they are consistent with the purposes of the statute.

low levels of participation. We believe the proposed provider payment reassignment provision retained in the final current payment arrangements is a gross mischaracterization that at best reflects a profound lack of understand

Baptist Foundation of America, Inc., 796 F.2d 752, 757 n. 6 (5th Cir. 1986) (emphasis added).
enefits and adequate training for their functioning."
iose services.

CMS's position that payments like those described in 2014 regulation are allowable.

ific payment methodologies that help ensure a strong, committed, and well-trained workforce."³² The propose

vide an analysis of the direct dollar impact of the regulation—acknowledging that it lacks sufficient data and rely
less agent, such as a billing service or an accounting firm, that furnishes statements and receives payments in the

and Government Affairs, that states are “skimming” dues from Medicaid payments that would otherwise go to

nal rule will provide to states additional tools to help foster a stable and high performing workforce."
ing of IP home care payment structures and at worst is deliberately misleading. Deductions made by states on be

d rule would take away this flexibility and subject states to a one-size-fits-all restriction that is completely at odd

ing on assertions from a single newspaper opinion piece to support a speculative and preliminary estimate, the l
e name of the provider, if the agent's compensation for this service is - (1) Related to the cost of processing the b

provide care for Medicaid recipients. The NPRM's regulatory impact analysis reflects a similar misunderstanding

half of home care workers for dues and other costs, such as health benefits, do not "divert" or "siphon" Medica

ls with Administrator Verma's goal, expressed on numerous occasions, of increasing flexibility for states to man

NPRM also lacks any discussion of the broader impact of the rule. Furthermore, given that the rule contemplates: (1) Not related on a percentage or other basis to the amount that is billed or collected; and (3) Not dependent on the amount of the claim, suggesting for instance that states may be increasing reimbursement levels in order to reassign portions of the

id dollars from any state Medicaid program. Rather, as described above, individual provider home care workers r

age their Medicaid programs.

s prohibiting deductions for costs such as health care, a full impact analysis should consider the potential impact
dent upon the collection of the payment.”

provider payment to a third party and that they may lower those rates if providers are no longer able to deduct

receive payments from state Medicaid programs for services they provide to home care consumers. For these pro

on state Medicaid prog

: payments for dues or other benefits

providers, these paymen

CT	JI	AM	TL	HJ	JS
	X	X			
	X	X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			

Theme

Rule will comply with Supreme Court Rulings *Harris v Quinn* and *Janus v AFSCME*

CMS did not have statutory authority to add this exception.

Recommend including language that specifically allows for the option to deduct finance costs associated with

The current regulatory text is overbroad and allows an unaccountable and unintended use of Medicaid funds

Deductions made from a home care worker's Medicaid payment do not confer any right to the entity to which

Violates Section 32 of the SSA. In 2014, CMS conceded that Section 32 "does not expressly provide for additional

Section 447.10(g)(4) facilitates improper uses of Medicaid funds

CMS should clarify or refute statement in Q&As that "[r]emoval of the regulatory text at 42 CFR 447.10(g)(4)

CMS should promulgate regulatory language or, at least make clear in the final rule, that Section 32 permits

CMS has absolutely no statutory authority to add a completely new exemption to Section 32. Indeed, the proposal

Removing 42 C.F.R. § 447.10(g)(4) will in no way prevent workers from voluntarily joining a union.

h self-directed care, including fiscal intermediary services, payroll taxes, and other necessary expenses.
s that does not help the vulnerable persons those funds are intended to assist.
ich the deduction is directed, whether for health insurance, union dues, or tax payments, to make a claim against
ional exceptions to the direct payment principle."

) will not apply to payment for services rendered under Sections 1915(c), 1915(i), 1915(j), and 1915(k) authoritie
states to assign Medicaid monies owed to personal care pro-viders only to government agencies or by court ord
vious administration admitted its violation of this principle in the comments quoted above, stating that Section

t the Medicaid program; they are merely an expression of the home care worker’s ability to direct dollars that sl

es, nor will it impact a state’s ability to perform Financial Management Services (FMS) or secure FMS through a v
ler—which will permit necessary tax de-uctions—and not to private third parties, such as unions and their polit
1 32 “does not expressly provide for additional exceptions to the direct pay-ment principle,” and that the exemp

he owns as she chooses. See *Janus v. AFSCME Council 31, et al.*, 138 S.Ct. 2448, 2486 (2018).

endor arrangement.” Section 32 and 42 C.F.R. § 447.10 unquestionably apply to programs that operate under Sectional action committees, including when payments are made through intermediaries. The Foundation recommendation was “not contemplated under the statute,” and is “an additional exception.” Despite this admission, the pre

ections 1915(c), 1915(i), 1915(j), and 1915(k) authorities. The vast majority of self-directed homecare programs finds that the following language be added as a new section, 42 C.F.R. § 447.10(i): "Payments to employees of previous administration carved a new regulatory exemption into Section 32 for payments "made to a third party or

operate under those authorities.

beneficiaries. Payments to individual practitioners who are employed, in whole or in part, by a beneficiary can be a
n behalf of the individual practitioner for benefits such as health insurance, skills training and other benefits cust

assigned only to a government agency or entity or by court order, including where such payments are made through a primary for employees.” 42 C.F.R. § 447.10(g)(4). The new exemption must be rescinded as inconsistent with the

ough a fiscal agent, financial management service, or-ganized health care delivery system, or pass-through intern
e statutory text.

mediary."

Theme	CT	JI	AM	TL	HJ
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JS

Alternatives	CT	JI	AM	TL	HJ
Make the rule voluntary		X			
Issue guidance that states need to end dues skimming		X			

JS

Questions	CT	JI	AM	TL	HJ
How will this rule impact required orientation sanctions for PCAs (comment 1895)?		X			

JS

Olin, Jay K. (CMS/OSORA)

From: Lynch, Calder (CMS/OA)
Sent: Wednesday, June 27, 2018 11:12 AM
To: Thompson, Christopher C. (CMS/CMCS)
Cc: Mack, Rosa (CMS/CMCS); Silanskis, Jeremy D. (CMS/CMCS)
Subject: Re: Provider Reassignment Next Steps

Then I'm fine. Thanks!

Sent from my iPhone

On Jun 27, 2018, at 11:09 AM, Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov> wrote:

Hey Calder,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

***INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:** This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be*

From: Lynch, Calder (CMS/OA)
Sent: Wednesday, June 27, 2018 10:41 AM
To: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Provider Reassignment Next Steps

(b)(5)

--

Calder Lynch
Senior Counselor
Office of the Administrator
Centers for Medicare & Medicaid Services (CMS)
Washington, DC 20201
Office: (202) 619-0630

From: Mack, Rosa (CMS/CMCS)
Sent: Wednesday, June 27, 2018 9:33 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: Fwd: Provider Reassignment Next Steps

Thanks, Chris!

I'm at an appointment, so adding Calder.

Begin forwarded message:

From: "Thompson, Christopher C. (CMS/CMCS)" <Christopher.Thompson@cms.hhs.gov>
Date: June 27, 2018 at 9:31:19 AM EDT
To: "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>, "Silanskis, Jeremy D. (CMS/CMCS)" <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Provider Reassignment Next Steps

Hi Rosa,

(b)(5)

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, June 27, 2018 9:05 AM
To: Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Provider Reassignment Next Steps

Hi Rosa,

(b)(5)

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

From: Mack, Rosa (CMS/CMCS)
Sent: Tuesday, June 26, 2018 6:11 PM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: Fwd: Provider Reassignment Next Steps

Can you all take a look?

Begin forwarded message:

From: "Lynch, Calder (CMS/OA)" <Calder.Lynch@cms.hhs.gov>
Date: June 26, 2018 at 5:37:18 PM EDT
To: "Mack, Rosa (CMS/CMCS)" <Rosa.Mack@cms.hhs.gov>
Cc: "Hill, Timothy B. (CMS/CMCS)" <timothy.hill@cms.hhs.gov>, "Gifford, Deidre S. (CMS/CMCS)" <Deidre.Gifford@cms.hhs.gov>, "Fan, Kristin A. (CMS/CMCS)" <Kristin.Fan@cms.hhs.gov>, "Harshman, Sara (CMS/OL)" <Sara.Harshman@cms.hhs.gov>
Subject: RE: Provider Reassignment Next Steps

(b)(5)

Calder

--

Calder Lynch
Senior Counselor
Office of the Administrator
Centers for Medicare & Medicaid Services (CMS)
Washington, DC 20201
Office: (202) 619-0630

From: Mack, Rosa (CMS/CMCS)
Sent: Tuesday, June 26, 2018 11:46 AM
To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Harshman, Sara (CMS/OL) <Sara.Harshman@cms.hhs.gov>
Subject: RE: Provider Reassignment Next Steps

Hi there. Any chance you were able to work on this?

From: Mack, Rosa (CMS/CMCS)
Sent: Friday, June 22, 2018 4:51 PM
To: Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford, Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Fan, Kristin A.

(CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Harshman, Sara (CMS/OL) <Sara.Harshman@cms.hhs.gov>

Subject: Re: Provider Reassignment Next Steps

Ok. Thanks!

On Jun 22, 2018, at 4:49 PM, Lynch, Calder (CMS/OA) <Calder.Lynch@cms.hhs.gov> wrote:

(b)(5)

Calder

--

Calder Lynch

Senior Counselor

Office of the Administrator

Centers for Medicare & Medicaid Services (CMS)

Washington, DC 20201

Office: (202) 619-0630

From: Mack, Rosa (CMS/CMCS)

Sent: Friday, June 22, 2018 4:12 PM

To: Lynch, Calder (CMS/OA)

<Calder.Lynch@cms.hhs.gov>; Hill, Timothy B.

(CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford,

Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>

Cc: Fan, Kristin A. (CMS/CMCS)

<Kristin.Fan@cms.hhs.gov>; Harshman, Sara (CMS/OL)

<Sara.Harshman@cms.hhs.gov>

Subject: RE: Provider Reassignment Next Steps

Calder: Let me know if you have any concerns/edits to the fact sheet and/or QAs.

From: Mack, Rosa (CMS/CMCS)

Sent: Friday, June 22, 2018 10:51 AM

To: Lynch, Calder (CMS/OA)

<calder.lynch@cms.hhs.gov>; Hill, Timothy B.

(CMS/CMCS) <timothy.hill@cms.hhs.gov>; Gifford,

Deidre S. (CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>

Cc: Fan, Kristin A. (CMS/CMCS)

<Kristin.Fan@cms.hhs.gov>; Harshman, Sara (CMS/OL)

<Sara.Harshman@cms.hhs.gov>

Subject: RE: Provider Reassignment Next Steps

Attached are the QAs and the fact sheet. OC is working on drafting the press release.

(b)(5)

From: Lynch, Calder (CMS/OA)
Sent: Friday, June 22, 2018 10:08 AM
To: Harshman, Sara (CMS/OL)
<Sara.Harshman@cms.hhs.gov>
Cc: Hill, Timothy B. (CMS/CMCS)
<timothy.hill@cms.hhs.gov>; Gifford, Deidre S.
(CMS/CMCS) <Deidre.Gifford@cms.hhs.gov>; Fan,
Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>;
Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>
Subject: Re: Provider Reassignment Next Steps

(b)(5)

Sent from my iPhone

On Jun 22, 2018, at 10:06 AM, Harshman, Sara
(CMS/OL) <Sara.Harshman@cms.hhs.gov> wrote:

Here's what Calder was trying to say at
the end of the meeting:

(b)(5)

Sara Harshman
The Center for Medicaid and CHIP
Services
Desk: (202) 205-8361
Cell: (b)(6)

From: [Boston, Beverly A. \(CMS/CMCS\)](#)
To: [CMS CMSO_REGS](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Thompson, Christopher C. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#)
Subject: RE: Regulation Reclearance CMS-2413-F Due COB 12/11
Date: Friday, December 7, 2018 11:25:03 AM
Attachments: [image001.png](#)

FMG concurs with this regulation.

Thanks

Beverly

From: CMS CMSO_REGS
Sent: Friday, December 7, 2018 6:55 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Conover, Lillian A. (CMS/CMCS) <Lillian.Conover@cms.hhs.gov>; DeCaro, Teresa (CMS/CMCS) <teresa.decaro@cms.hhs.gov>; Delozier, Adrienne M. (CMS/CMCS) <Adrienne.Delozier@cms.hhs.gov>; Fuller, Barbara A. (CMS/CMCS) <Barbara.Fuller@cms.hhs.gov>; Guarisco, Victoria M. (CMS/CMCS) <Victoria.Guarisco@cms.hhs.gov>; Hill, Elizabeth H. (CMS/CMCS) <Elizabeth.Hill@cms.hhs.gov>; Llanos, Karen E. (CMS/CMCS) <Karen.Llanos@cms.hhs.gov>; Lofton, Beverly A. (CMS/CMCS) <Beverly.Lofton@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Moore, Tonya A. (CMS/CMCS) <Tonya.Moore@cms.hhs.gov>; Setala, Ashley (CMS/CMCS) <Ashley.Setala@cms.hhs.gov>; Sheppard, Brenda D. (CMS/CMCS) <Brenda.Sheppard@cms.hhs.gov>; Ghafari, Pascale (CMS/CMCS) <Pascale.Ghafari@cms.hhs.gov>; Erwin, Tanesha (CMS/CMCS) <Tanesha.Erwin@cms.hhs.gov>
Cc: Corbin, Angela T. (CMS/CMCS) <Angela.Corbin@cms.hhs.gov>; Costello, Anne Marie (CMS/CMCS) <AnneMarie.Costello@cms.hhs.gov>; Deboy, Alissa M. (CMS/CMCS) <alissa.deboy1@cms.hhs.gov>; Delone, Sarah (CMS/CMCS) <Sarah.Delone2@CMS.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Kassel, Adeena (CMS/CMCS) <Adeena.Kassel@CMS.hhs.gov>; Mannix, Norma J. (CMS/CMCS) <norma.mannix@cms.hhs.gov>; McGuigan, Gregory M. (CMS/CMCS) <Gregory.McGuigan@cms.hhs.gov>; Meyers, Anna C. (CMS/CMCS) <Anna.Meyers@cms.hhs.gov>; Reed, Maria R. (CMS/CMCS) <Maria.Reed@cms.hhs.gov>; Taylor, Kenneth L. (CMS/CMCS) <Kenneth.Taylor@cms.hhs.gov>; Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>; Whelan, Ellen Marie (CMS/CMCS) <EllenMarie.Whelan@cms.hhs.gov>; Harshman, Sara (CMS/CMCS) <Sara.Harshman@cms.hhs.gov>
Subject: Regulation Reclearance CMS-2413-F Due COB 12/11

DUE DATE: **COB 12/11**

TITLE: **CMS-2413-F; Medicaid Program; Reassignment of Medicaid Provider Claims**

DOCUMENT SUMMARY: Attached are a compare and revised documents for the subject document for your review and reclearance. CMCS, OGC, OL, OSORA Economist and OSORA PRA submitted comments on the October 23, 2018 version of the subject rule;

LINK TO DOCUMENTS: [Reclearance-CMS-2413-F.msg](#)

Please respond to all CMCS regulation clearance requests.



If you concur with no comment, please reply to this email accordingly.



If you concur or non- concur with comment, please reply to this email accordingly.



If you need additional time to review the information, please let us know before the due date so that we may notify OSORA and request an extension. Please include an explanation and your anticipated response date.

➤ *Please be advised that OCD needs additional time to review comments from Center before forwarding to OSORA.*



AMERICAN
OVERSIGHT

From: [Thompson, Christopher C. \(CMS/CMCS\)](#)
To: [Boston, Beverly A. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#); [Freeze, Janet G. \(CMS/CMCS\)](#)
Subject: RE: REQUEST FOR CLEARANCE: CMS-2413-F Due COB 10/29
Date: Wednesday, October 31, 2018 10:44:00 AM
Attachments: [image001.png](#)

Yes, I just received them about 40 mins ago.

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Boston, Beverly A. (CMS/CMCS)
Sent: Wednesday, October 31, 2018 10:39 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Cc: Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Freeze, Janet G. (CMS/CMCS) <Janet.Freeze@cms.hhs.gov>
Subject: FW: REQUEST FOR CLEARANCE: CMS-2413-F Due COB 10/29

Hello,

Did you get these comments from DEHPG?

Beverly

From: Teal, Lela (CMS/CMCS)
Sent: Wednesday, October 31, 2018 8:04 AM
To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>
Subject: FW: REQUEST FOR CLEARANCE: CMS-2413-F Due COB 10/29

Please note DE comments

From: CMS CMSO_REGS

Sent: Tuesday, October 30, 2018 6:01 PM

To: Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>

Cc: CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>; Taylor, Kenneth L. (CMS/CMCS) <Kenneth.Taylor@cms.hhs.gov>; Mannix, Norma J. (CMS/CMCS) <norma.mannix@cms.hhs.gov>; Kassel, Adeena (CMS/CMCS) <Adeena.Kassel@CMS.hhs.gov>

Subject: FW: REQUEST FOR CLEARANCE: CMS-2413-F Due COB 10/29

Good Evening OCD

Attached are DEHPG comments.

Comments are on Pages – 2, 7, 8, 9, 11, 12, 13, 17, 19, 20,

Comments are due to OSORA today.

Anna Meyers

Division of Operations and Executive Support

Center For Medicaid CHIP Services

410-786-5364

From: CMS CMSO_REGS

Sent: Wednesday, October 24, 2018 9:18 AM

To: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Conover, Lillian A. (CMS/CMCS) <Lillian.Conover@cms.hhs.gov>; DeCaro, Teresa (CMS/CMCS) <teresa.decaro@cms.hhs.gov>; Delozier, Adrienne M. (CMS/CMCS) <Adrienne.Delozier@cms.hhs.gov>; Fuller, Barbara A. (CMS/CMCS) <Barbara.Fuller@cms.hhs.gov>; Guarisco, Victoria M. (CMS/CMCS) <Victoria.Guarisco@cms.hhs.gov>; Hill, Elizabeth H. (CMS/CMCS) <Elizabeth.Hill@cms.hhs.gov>; Llanos, Karen E. (CMS/CMCS) <Karen.Llanos@cms.hhs.gov>; Lofton, Beverly A. (CMS/CMCS) <Beverly.Lofton@cms.hhs.gov>; Mack, Rosa (CMS/CMCS) <Rosa.Mack@cms.hhs.gov>; Marx, Kitty (CMS/CMCS) <kitty.marx@cms.hhs.gov>; Moore, Tonya A. (CMS/CMCS) <Tonya.Moore@cms.hhs.gov>; Setala, Ashley (CMS/CMCS) <Ashley.Setala@cms.hhs.gov>; Sheppard, Brenda D. (CMS/CMCS) <Brenda.Sheppard@cms.hhs.gov>; Ghafari, Pascale (CMS/CMCS) <Pascale.Ghafari@cms.hhs.gov>; Erwin, Tanesha (CMS/CMCS) <tanisha.erwin@cms.hhs.gov>; Bianco-Ringley, Lindsay (CMS/CMCS) <Lindsay.Bianco-Ringley@cms.hhs.gov>

Cc: Corbin, Angela T. (CMS/CMCS) <Angela.Corbin@cms.hhs.gov>; Costello, Anne Marie (CMS/CMCS) <AnneMarie.Costello@cms.hhs.gov>; Deboy, Alissa M. (CMS/CMCS) <alissa.deboy1@cms.hhs.gov>; Delone, Sarah (CMS/CMCS) <Sarah.Delone2@CMS.hhs.gov>; Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Harris, Melissa L. (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Kassel, Adeena (CMS/CMCS) <Adeena.Kassel@CMS.hhs.gov>

Mannix, Norma J. (CMS/CMCS) <norma.mannix@cms.hhs.gov>; McGuigan, Gregory M. (CMS/CMCS) <Gregory.McGuigan@cms.hhs.gov>; Meyers, Anna C. (CMS/CMCS) <Anna.Meyers@cms.hhs.gov>; Reed, Maria R. (CMS/CMCS) <Maria.Reed@cms.hhs.gov>; Taylor, Kenneth L. (CMS/CMCS) <Kenneth.Taylor@cms.hhs.gov>; Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>; Whelan, Ellen Marie (CMS/CMCS) <EllenMarie.Whelan@cms.hhs.gov>; Harshman, Sara (CMS/CMCS) <Sara.Harshman@cms.hhs.gov>; CMS CMSO_REGS <CMSCMSO_REGS@cms.hhs.gov>

Subject: REQUEST FOR CLEARANCE: CMS-2413-F Due COB 10/29




DUE DATE: **COB 10/29**

TITLE: CMS-2413-F: Medicaid Program; Reassignment of Medicaid Provider Claims

(b)(5)

LINK TO DOCUMENTS: [CMS-2413-F.msg](#)

Please respond to all CMCS regulation clearance requests.

-  *If you concur with no comment, please reply to this email accordingly.*
-  *If you concur or non- concur with comment, please reply to this email accordingly.*
-  *If you need additional time to review the information, please let us know before the due date so that we may notify OSORA and request an extension. Please include an explanation and your anticipated response date.*

➤ *Please be advised that OCD needs additional time to review comments from Center before forwarding to OSORA.*



AMERICAN
OVERSIGHT

From: [Horvath, David](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Blackstone, Ronisha \(CMS/CCSQ\)](#)
Cc: [Boston, Beverly A. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: RE: Status of Proposed Rule on Reassignment of Medicaid Claims
Date: Tuesday, October 30, 2018 11:03:22 AM
Attachments: [image007.png](#)
[image001.png](#)

Thank you for your response.



David Horvath
Senior Director, Policy & Regulation
304-381-3106 Tel
601 East Brockway Avenue
Morgantown, WV 26501
PublicConsultingGroup.com

Follow us on:



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From: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Sent: Tuesday, October 30, 2018 10:41 AM
To: Blackstone, Ronisha (CMS/CCSQ) <Ronisha.Blackstone@cms.hhs.gov>; Horvath, David <dhorvath@pcgus.com>
Cc: Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Status of Proposed Rule on Reassignment of Medicaid Claims

Good Morning David,

The comment period for the proposed rule on reassignment of Medicaid claims closed on August 13th. We are currently analyzing the comments we received.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410) 786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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From: Blackstone, Ronisha (CMS/CCSQ)
Sent: Monday, October 29, 2018 10:33 AM
To: Horvath, David <dhorvath@pcgus.com>
Cc: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>
Subject: RE: Status of Proposed Rule on Reassignment of Medicaid Claims

Good Morning,

Thank you for your email. The contact for the proposed rule you have inquired about is listed in the regulation as Christopher Thompson at (410) 786 -4044. I have also included Mr. Thompson on this reply. He should be able to provide you with the information that you have requested. Thanks!

From: Horvath, David [<mailto:dhorvath@pcgus.com>]
Sent: Wednesday, October 24, 2018 2:40 PM
To: Blackstone, Ronisha (CMS/CCSQ) <Ronisha.Blackstone@cms.hhs.gov>
Subject: Status of Proposed Rule on Reassignment of Medicaid Claims

Greetings,

Can you provide update on the status of this proposed rule?

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2018-14786.pdf>



David Horvath
Senior Director, Policy & Regulation
304-381-3106 Tel
601 East Brockway Avenue
Morgantown, WV 26501
PublicConsultingGroup.com

Follow us on:



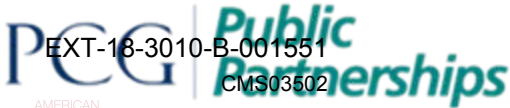
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EXT-18-3010-B-001550

CMS03501

AMERICAN
OVERSIGHT
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EXT-18-3010-B-001551

CMS03502

AMERICAN
OVERSIGHT
Supporting Choice. Managing Costs.™

From: [Barco, Evell J. \(CMS/OSORA\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Teal, Lela \(CMS/CMCS\)](#); [Boston, Beverly A. \(CMS/CMCS\)](#)
Cc: [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: Reviewers Briefing--Reassignment of Medicaid Provider Claims (CMS 2413-P)
Date: Friday, April 6, 2018 12:04:11 PM
Attachments: [Proposed Rule briefing paper for HHS principals briefing - CMS 2413-P Re....docx](#)

Hello,

The subject rule is in HHS clearance with comments due April 13. We are now in the process of scheduling a Reviewers briefing and will need to submit paper. Following the OA briefing, I received a paper to be used for the Dept and I want to ensure that no changes are necessary before I move it forward. I will also need confirmation that the paper has cleared your front office before proceeding. I edited the paper to remove FROM, TO and THROUGH lines and indicated that it would be used for a Reviewers briefing. I look forward to hearing from you regarding paper and will share more regarding timing for the briefing.

Thanks.

From: Thompson, Christopher C. (CMS/CMCS)
Sent: Wednesday, April 4, 2018 7:16 PM
To: Khan, Farooq A. (CMS/OSORA) <Farooq.Khan@cms.hhs.gov>; Shelton, Carrie A (HHS/IOS) <Carrie.Shelton@HHS.GOV>
Cc: Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Teal, Lela (CMS/CMCS) <Lela.Teal@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Silanskis, Jeremy D. (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>
Subject: RE: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS 2413-P)

Attached is a revised briefing paper.

Thank you,

Chris Thompson
Deputy Division Director
Division of Reimbursement & State Financing
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
7500 Security Blvd., Mail Stop S3-14-28
Baltimore, MD 21244
Phone: (410)786-4044
Mobile: (b)(6)
Fax: (410) 786-8533

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may result in prosecution to the full extent of the law.

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From: [Popp, Dawn \(HHS/OGC\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Cc: [Farrell, Caroline \(HHS/OGC\)](#)
Subject: (b)(5)
Date: Tuesday, November 20, 2018 4:44:16 PM
Attachments: (b)(5)

(b)(5)

Dawn Popp
Office of the General Counsel, CMS Division
U.S. Department of Health and Human Services
(410) 786-0845
Dawn.Popp@hhs.gov

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From: [Barco, Evell J. \(CMS/OSORA\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#); [Farrell, Caroline \(HHS/OGC\)](#); [Brewer, Annette M. \(CMS/OSORA\)](#); [Brooks, Gaysha M. \(CMS/OSORA\)](#); [Lambert-Lawson, Cynthia \(CMS/OSORA\)](#); [Bryman, Mitch \(CMS/OSORA\)](#); [Laib, Eric C. \(CMS/OSORA\)](#)
Cc: [Clybourn, Olen D. \(CMS/OSORA\)](#); [Phan, Thomas M. \(CMS/OSORA\)](#); [Jones, Martique S. \(CMS/OSORA\)](#); [Harris, Sheli E. \(CMS/OSORA\)](#); [Lafferty, Tiffany R. \(CMS/OSORA\)](#); [Hubbard, Lisa A. \(CMS/OSORA\)](#); [Miller, Ruth A. \(CMS/OSORA\)](#); [Garcia, Vanessa \(CMS/OSORA\)](#); [Fan, Kristin A. \(CMS/CMCS\)](#); [Silanskis, Jeremy D. \(CMS/CMCS\)](#)
Subject: Status of HHS cmmts: OGC comments- Reassignment of Medicaid Provider Claims (CMS-2413-P)
Date: Tuesday, April 17, 2018 4:18:28 PM
Attachments: [00394120 CMS-2413-P Master OGC MARKUP 20180417 18-11696 \(1\).docx](#)
[00394120 OGC NOTE 20180417 18-11696 \(2\).pdf](#)

Status of HHS comments: Reassignment of Medicaid Provider Claims

HHS comments were due Apr 13.

Comments: ACL non-concurrence, ASPE, ASFR, **OGC attached.**

Pending: ASL—We will move on w/o their response.

Concurrences: SAMHSA, OIG, OCR, IHS, HRSA, DAB, IEA

From: Barco, Evell J. (CMS/OSORA)
Sent: Friday, April 13, 2018 11:22 AM
To: Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Farrell, Caroline (HHS/OGC) <Caroline.Farrell@hhs.gov>; Brewer, Annette M. (CMS/OSORA) <Annette.Brewer@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>; Bryman, Mitch (CMS/OSORA) <Mitch.Bryman@cms.hhs.gov>; Laib, Eric C. (CMS/OSORA) <Eric.Laib2@cms.hhs.gov>
Cc: Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>
Subject: status of HHS cmmts: ACL non-concurrence, ASPE, ASFR- Reassignment of Medicaid Provider Claims (CMS-2413-P)

Status of HHS comments: Reassignment of Medicaid Provider Claims

HHS comments are due today, April 13.

Comments: ACL non-concurrence, ASPE, ASFR.

Pending: OGC, IEA, ASL.

Concurrences: SAMHSA, OIG, OCR, IHS, HRSA, DAB

Please note:

OGC is reviewing the 4/5 version(current draft) and is expected to comment today, 4/13.

Inadvertently, the other reviewing offices received and reviewed an earlier version (dated 3-23).

When comments come in please review for relevance to the newest draft, with deference to the OGC edits on the newer draft, as well.

Contact me if you have questions or need clarification.
Thanks.

From: Brewer, Annette M. (CMS/OSORA)
Sent: Thursday, April 5, 2018 10:44 AM
To: Shelton, Carrie A (HHS/IOS) <Carrie.Shelton@HHS.GOV>
Cc: Jones, Martique S. (CMS/OSORA) <Martique.Jones@cms.hhs.gov>; Harris, Sheli E. (CMS/OSORA) <Sheli.Harris@cms.hhs.gov>; Lafferty, Tiffany R. (CMS/OSORA) <Tiffany.Lafferty@cms.hhs.gov>; Hubbard, Lisa A. (CMS/OSORA) <Lisa.Hubbard@cms.hhs.gov>; Barco, Evell J. (CMS/OSORA) <Evell.Barco@cms.hhs.gov>; Fultz-Mimms, Trenesha N. (CMS/OSORA) <trenesha.fultzmimms@cms.hhs.gov>; Wilson, Lynette N. (CMS/OSORA) <Lynette.Wilson@cms.hhs.gov>; Garcia, Vanessa (CMS/OSORA) <Vanessa.Garcia@cms.hhs.gov>; Clybourn, Olen D. (CMS/OSORA) <Olen.Clybourn@cms.hhs.gov>; Miller, Ruth A. (CMS/OSORA) <Ruth.Miller@cms.hhs.gov>; Phan, Thomas M. (CMS/OSORA) <Thomas.Phan@cms.hhs.gov>; Brooks, Gaysha M. (CMS/OSORA) <Gaysha.Brooks@cms.hhs.gov>; Lambert-Lawson, Cynthia (CMS/OSORA) <Cynthia.Lambert-Lawson@cms.hhs.gov>
Subject: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS 2413-P)—ADVANCE REGULATION
Importance: High

SUBJECT: Medicaid Program; Reassignment of Medicaid Provider Claims (CMS-2413-P)—ADVANCE REGULATION

Action Requested: We are advancing the attached non-significant proposed rule for HHS review. **We wish to display this rule by June 22, 2018**, that removes the regulation text which allows a state to make payments to third parties on behalf of an individual provider for benefits. We are requesting HHS comments by Thursday, April 12th. **This is pre-decisional information and distribution should be limited to only those staff who must review and clear it.**

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Thank you for your help in expediting the publication of this proposed rule.

Attachments:

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From: [Mikow, Asher S. \(CMS/CMCS\)](#)
To: [Ihrig, Jocelyn B. \(CMS/CMCS\)](#)
Cc: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: Themes of PRR Comments AM.xlsx
Date: Tuesday, September 25, 2018 9:50:15 AM
Attachments: [Themes of PRR Comments AM.xlsx](#)

Hey Jocelyn,

I added my themes to the spreadsheet. I formatted the spreadsheet a little differently than you had it and can change it back if you prefer. I found it easier to read when our initials are on the left and the comments are on the right because the comments aren't wrapped.

Thanks,

Asher

[illegible]

e+A1

Theme

Rule will result in loss of benefits for home care workers because rule prohibits automatic paycheck deduction.

Rule would harm patients

Rule would harm workers

Administratively burdensome if Rule is changed

The proposed rule threatens to disrupt access to group health coverage for home health care workers and c

Undermines consumer directed care system

May reduce the number of people receiving LTSS in the community

Reduces state flexibility

The regulation may inadvertently limit the ability of states to ensure that there are appropriate supports for 30 day comment period unfair

Section 1902(a)(32) was passed to prevent providers from selling accounts receivables at a discount to priva Executive Orders 12866 and 13563 direct agencies to perform cost benefit analyses of proposed regulations

Section 1396a(32)(B)(ii) permits a State to make payment to a provider's agent if (but only if) such agent doe

Adds administrative expense for monthly billing

Afraid will lose insurance coverage

Disproportionately impacts women and people of color.

Repealing 42 C.F.R. § 447.10(g)(4) will do great harm to workers' rights to collective bargaining: workplace p

Government shouldn't tell us how to spend our own money

May reduce qualified provider numbers

Agency's actions may be arbitrary and capricious under the Administrative Procedure Act

CMS is mischaracterizing or misunderstand the flow of payments to home care providers. The NPRM notes t

Courts have uniformly concluded that similar arrangements, where funds are automatically transferred to a

Authorized deductions do not constitute reassignment. An IP home care provider's authorized deduction of

CMS is contradicting the original intent of the rule of providing state flexibility in payment: "CMS has long so

CMS provides no other explanation to back up the concern that the provision is "overbroad and insufficiently

An agency changing its course by rescinding a rule or departing from precedent is obligated to supply a reaso

Undermines unions

Violates First Amendment

First amendment right to support unions

Violates civil rights

Hurts those who don't have bank accounts

Don't change automatic deduction

Providers should have choice of voluntary deductions

The regulation conflicts with the National Labor Relations Act which allows home care worker agencies to de

No evidence that consumers or providers want rule change

Finally, the federal courts have agreed that the purpose of the statutory prohibition is to prevent factoring. "

Cost savings from collective purchasing. ""Indeed, there may be cost savings resulting from the collective pu

CMS claim in NPRM that rule is "designed to ensure that taxpayer dollars dedicated to providing healthcare

The 2014 regulation established an option that states can elect to implement and is not a requirement.

The NPRM singles out dues deductions to unions as the sole example of a practice that will be implicated by

Eliminating the ability of workers to participate in a health plan is likely to shift them to the state Medicaid p

The NPRM contradicts CMS's push for state flexibility. 2014 rule does not require states to deduct payments

ould result in an overall drop in health outcomes for populations other than home health care workers.

individuals who self-direct their long-term services and supports (LTSS).

ite entities for the purpose of "factoring," or submitting false or inflated claims to the federal government, not to
; and to select regulatory approaches that maximize net benefits, "including potential economic, environmental,
es so pursuant to an agency agreement under which the compensation to be paid to the agent for his services for

protections achieved through collective bargaining are essential to improving the conditions of an undervalued w

that the rule will end the ability of states to "divert Medicaid payments away from providers" and claims that the
third party (such as so-called "double lockbox" arrangements used to convey Medicaid provider payments to a t
union dues or other benefit payments from her paycheck should not require a statutory exception to the anti-re
ought to ensure maximum state flexibility to design state-specific payment methodologies that help ensure a str
y linked to the exceptions expressly permitted by the statute."or any of the detail concerning its reasoning that o
oned analysis for the change. Motor Vehicle Mfrs. Ass'n of U.S., Inc. v. State Farm Mut. Auto. Ins. Co., 463 U.S. 29

educt union dues from paycheck

The United States Court of Appeals for the Fifth Circuit has found, "An examination of the legislative history of th
urchase of such benefits and greater workforce stability." 79 Fed. Reg. 2948, 3002 (Ja. 16, 2014). The Departmen
services for low-income vulnerable Americans are not siphoned away for other purposes" is false. The union due

the new rule, despite the fact that neither the statute or previous regulation ever mention unions or deduction:
program or other publicly subsidized coverage, likely leading to higher rather than lower costs for the state.
s on behalf of home care workers, but rather leaves it up to states choose to do so if they believe that electing st

to prevent union dues and benefits from being taken out of individual providers' pay. . . . public health and safety, and other advantages; distributive impacts; and equity.”³⁴ The criteria for determining whether or in connection with the billing or collection of payments due such person or institution under the plan is unrel-

workforce

e rule is “designed to ensure that taxpayer dollars dedicated to providing healthcare services for low income vulnerable populations are used for such purposes.” The IRS also stated that it was not concerned with third party payments pursuant to the provider’s standing instructions, or payments directly to HMOs pursuant to contracts with such entities. The IRS concluded that the reassignment provision because such a deduction does not constitute a reassignment.

ong, committed, and well-trained work force. Currently, certain categories of Medicaid covered services, for which one would normally expect in the preamble to a rule, particularly one seeking to completely repeal current established, 42, 103 S. Ct. 2856, 2866, L. Ed. 2d 443 (1983).

his provision reveals that its purpose was to prevent ‘factoring’ agencies from purchasing Medicare and Medicaid. It stated further, “For the classes of practitioners for whom the state is the only or primary payer, these payments are deducted from already earned income and diverted from Medicaid services. These services have already been

s for union dues. This amounts to a substantial policy shift for which CMS provides no policy rationale. It will hav

uch payment arrangements would benefit the Medicaid program. In its discussion of the initial proposal of the 20

g whether a rule can be considered economically significant takes into account not only the impact of the regulation (directly or indirectly) to the amount of such payments or the billings therefor, and is not dependent upon 1

nerable Americans are not siphoned away for other purposes.”⁵ These claims echo the contention of Senator Reid with their Medicaid-funded practitioners, as authorized by 42 CFR § 447.10(g)(3) despite the lack of any correspon-

ch Medicaid is a primary payer, such as personal care services, suffer from especially high rates of turnover and a published policy that was last reviewed by the agency relatively recently.⁶ This description of the flow of dollars under

d accounts receivable at a discount and then serving as the collection agency for the accounts.” In *Re Missionary* t arrangements are an efficient and effective method for ensuring that the workforce has health and welfare benefits been provided and the dues are coming out of the expenses already incurred, not from budgeted amounts for the

re a major impact on states, providers and consumers who have built consumer directed programs in reliance on

014 rule change, CMS noted that CMS had “long sought to ensure maximum State flexibility to design State-spec

tion on the economy as measured in dollar terms, but also broader effects.³⁵ Yet not only is CMS unable to prove the actual collection of any such payment.... Similarly, 42 C.F.R. § 447.10(f) exempts payments— "made to a business

on Johnson, in a letter he sent to CMS and in a follow-up staff report from the Committee on Homeland Security (citing statutory authority) are valid so long as they are consistent with the purposes of the statute.

low levels of participation. We believe the proposed provider payment reassignment provision retained in the final current payment arrangements is a gross mischaracterization that at best reflects a profound lack of understanding

of Baptist Foundation of America, Inc., 796 F.2d 752, 757 n. 6 (5th Cir. 1986) (emphasis added).
benefits and adequate training for their functioning."
those services.

in CMS's position that payments like those described in 2014 regulation are allowable.

specific payment methodologies that help ensure a strong, committed, and well-trained workforce."³² The proposed

vide an analysis of the direct dollar impact of the regulation—acknowledging that it lacks sufficient data and rely
less agent, such as a billing service or an accounting firm, that furnishes statements and receives payments in the

and Government Affairs, that states are “skimming” dues from Medicaid payments that would otherwise go to

nal rule will provide to states additional tools to help foster a stable and high performing workforce."
ing of IP home care payment structures and at worst is deliberately misleading. Deductions made by states on be

d rule would take away this flexibility and subject states to a one-size-fits-all restriction that is completely at odd

ing on assertions from a single newspaper opinion piece to support a speculative and preliminary estimate, the l
e name of the provider, if the agent's compensation for this service is - (1) Related to the cost of processing the b

provide care for Medicaid recipients. The NPRM's regulatory impact analysis reflects a similar misunderstanding

half of home care workers for dues and other costs, such as health benefits, do not "divert" or "siphon" Medica

ls with Administrator Verma's goal, expressed on numerous occasions, of increasing flexibility for states to man

NPRM also lacks any discussion of the broader impact of the rule. Furthermore, given that the rule contemplates: (1) Not related on a percentage or other basis to the amount that is billed or collected; and (3) Not dependent on the amount of the reimbursement, suggesting for instance that states may be increasing reimbursement levels in order to reassign portions of the

id dollars from any state Medicaid program. Rather, as described above, individual provider home care workers receive

age their Medicaid programs.

s prohibiting deductions for costs such as health care, a full impact analysis should consider the potential impact
dent upon the collection of the payment.”

provider payment to a third party and that they may lower those rates if providers are no longer able to deduct

receive payments from state Medicaid programs for services they provide to home care consumers. For these pro

on state Medicaid prog

: payments for dues or other benefits

providers, these paymen

CT	JI	AM	TL	HJ	JS
	X	X			
	X	X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			
		X			

Theme

Rule will comply with Supreme Court Rulings *Harris v Quinn* and *Janus v AFSCME*

CMS did not have statutory authority to add this exception.

Recommend including language that specifically allows for the option to deduct finance costs associated with

The current regulatory text is overbroad and allows an unaccountable and unintended use of Medicaid funds

Deductions made from a home care worker's Medicaid payment do not confer any right to the entity to which

Violates Section 32 of the SSA. In 2014, CMS conceded that Section 32 "does not expressly provide for additional

Section 447.10(g)(4) facilitates improper uses of Medicaid funds

CMS should clarify or refute statement in Q&As that "[r]emoval of the regulatory text at 42 CFR 447.10(g)(4)

CMS should promulgate regulatory language or, at least make clear in the final rule, that Section 32 permits

CMS has absolutely no statutory authority to add a completely new exemption to Section 32. Indeed, the proposal

Removing 42 C.F.R. § 447.10(g)(4) will in no way prevent workers from voluntarily joining a union.

h self-directed care, including fiscal intermediary services, payroll taxes, and other necessary expenses.
s that does not help the vulnerable persons those funds are intended to assist.
ich the deduction is directed, whether for health insurance, union dues, or tax payments, to make a claim against
ional exceptions to the direct payment principle."

) will not apply to payment for services rendered under Sections 1915(c), 1915(i), 1915(j), and 1915(k) authoritie
states to assign Medicaid monies owed to personal care pro-viders only to government agencies or by court ord
vious administration admitted its violation of this principle in the comments quoted above, stating that Section

t the Medicaid program; they are merely an expression of the home care worker's ability to direct dollars that sl

es, nor will it impact a state's ability to perform Financial Management Services (FMS) or secure FMS through a v
ler—which will permit necessary tax de-uctions—and not to private third parties, such as unions and their polit
1 32 “does not expressly provide for additional exceptions to the direct pay-ment principle,” and that the exemp

he owns as she chooses. See *Janus v. AFSCME Council 31, et al.*, 138 S.Ct. 2448, 2486 (2018).

endor arrangement.” Section 32 and 42 C.F.R. § 447.10 unquestionably apply to programs that operate under Sectional action committees, including when payments are made through intermediaries. The Foundation recommendation was “not contemplated under the statute,” and is “an additional exception.” Despite this admission, the pre

Sections 1915(c), 1915(i), 1915(j), and 1915(k) authorities. The vast majority of self-directed homecare programs finds that the following language be added as a new section, 42 C.F.R. § 447.10(i): "Payments to employees of the previous administration carved a new regulatory exemption into Section 32 for payments "made to a third party or

operate under those authorities.

beneficiaries. Payments to individual practitioners who are employed, in whole or in part, by a beneficiary can be a
n behalf of the individual practitioner for benefits such as health insurance, skills training and other benefits cust

assigned only to a government agency or entity or by court order, including where such payments are made through a primary for employees.” 42 C.F.R. § 447.10(g)(4). The new exemption must be rescinded as inconsistent with the

ough a fiscal agent, financial management service, or-ganized health care delivery system, or pass-through intern
e statutory text.

mediary."

Theme	CT	JI	AM	TL	HJ
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JS

Alternatives	CT	JI	AM	TL	HJ
Make the rule voluntary		X			
Issue guidance that states need to end dues skimming		X			

JS

Questions	CT	JI	AM	TL	HJ
How will this rule impact required orientation sanctions for PCAs (comment 1895)?		X			

JS

From: [Johns, Hamilton J. \(CMS/CMCS\)](#)
To: [Thompson, Christopher C. \(CMS/CMCS\)](#)
Subject: Uniques/Mail-ins
Date: Monday, September 17, 2018 9:35:56 AM
Attachments: [Revised HJ PRR Comment Log \(2\).xlsx](#)

Here is my updated list of uniques and mail-ins

Hamilton Johns, MHS
Health Insurance Specialist
CMS Center for Medicaid and CHIP Services
Financial Management Group
Division of Reimbursement and State Financing
Phone: (410) 786-8157
Fax: (410) 786-8533
Location: S3-14-25
Email: hamilton.johns@cms.hhs.gov

Final # of Posted Comment (Last 4 digits of the Document ID/Pivot Comment)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)	Organization
2808	No	Multiple	Multiple	Multiple	N/A
2454	No	Multiple	Multiple	Multiple UT, VA, IL, CA, GA, NC, AZ, MN	N/A
6675	No	Multiple	Multiple		N/A
5373	Yes	Caitlin	Connolly	Multiple	National Employment Law Project,
5730	Yes	Caitlin	Connolly	Multiple	National Employment Law Project,
5266	Yes	Carol	Brooke	Multiple	North Carolina Justice Center
5392	Yes	Multiple	Multiple	Multiple	Multiple

6251	Yes	Vasu	Reddy	Multiple	National Partnership for Women and Families
6276	Yes	Jessica	Stender	Multiple	Equal Rights Advocates
6215	Yes	Amy	Traub	Multiple	DEMOS
2534	No	Multiple	Multiple	IL, OH, TX, NC, CA	N/A

2375	Yes	Multiple	Multiple	MN	N/A
2265	No	Multiple	Multiple	NC, MI, VA	
5777	No	Multiple	Multiple	WA	N/A
6450	No	Multiple	Multiple	GA, PA, UT	N/A
2786	Yes	Multiple	Multiple	MA	Easter Seals Disability Services, Boston Center for independent Living
3030	No	Missy	Irvin	AR	N/A
6680	No	Multiple	Multiple	TN	Voices of Freedom

5877	Yes	Multiple	Multiple	MN, CT	SEIU Healthcare
6397	No	Multiple	Multiple	SC, OK	N/A
6503	No	Multiple	Multiple	OH, OK	N/A

Form Letter?	Total # Duplicate Comments	Duplicate matches Pivot Comment?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Impact on Self-Direct Service Models
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N 43 Y 1 0 0

N 34 Y 1 0 0

N 8 Y 1 0 0

Y	1	Y	0	1	0
Y	1	Y	0	1	0
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Y	1	Y	0	1	0

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Y	1	Y	0	1	0
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Y	3	Y	0	1	0
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Y	1	Y	0	1	0
N	1	Y	1	0	0
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Y	1	Y	0	1	0
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N	1	Y	1	0	0
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N	1	Y	1	0	0
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Special Considerations (if applicable)	Special Codes: Outside Organization/Individual - 1 Provider Advocacy Group - 2 Political- 3
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Government unions are "robbing" care givers.	1
Government unions are "robbing" care givers.	1

Government unions are "robbing" care givers.	1
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They claim that no Medicaid program has requested this change. The public comment period was limited to 30 days. CMS provided no rationale for this change and no economic impact analysis.	2
They claim that no Medicaid program has requested this change. The public comment period was limited to 30 days. CMS provided no rationale for this change and no economic impact analysis.	2
They claim that no Medicaid program has requested this change. The public comment period was limited to 30 days. CMS provided no rationale for this change and no economic impact analysis.	2
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They claim that no Medicaid program has requested this change. The public comment period was limited to 30 days. CMS provided no rationale for this change and no economic impact analysis.	2
They claim that no Medicaid program has requested this change. The public comment period was limited to 30 days. CMS provided no rationale for this change and no economic impact analysis.	2
Please stop union dues "skimming."	1

Home care workers have obtained benefits (sick time, holiday pay, access to trainings, and wage increases) through forming unions and bargaining collectively.

3

Stop "skimming" union dues	1
Support CMS-2413-P	1

Stop union "thievery"

1

Negative impact on access to and the quality of Medicaid-funded HCBS

1

Caregivers should choose to join a union and pay dues on their own if they see it as a beneficial opportunity.

3

Caregivers should choose to join a union and pay dues on their own if they see it as a beneficial opportunity.

1

SEIU claims that the proposed rule burdens individual providers' 1st amendment right to support their union, because there is no evidence that payroll deduction creates problems for home care programs and because CMS didn't conduct any impact analysis of the proposed action.

1

Stop Government Unions from "robbing" America's caregivers
Wealthy union bosses "steal" nearly \$200 million of Medicaid dollars from America's home care providers every year. Undo this "crooked" regulation and stop union dues "skimming."

1

1

Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)
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CMS-2018-0090-6278	No	Diana	Petrossian
CMS-2018-0090-6279	No	Joanne	Milum
CMS-2018-0090-6282	Yes		
CMS-2018-0090-6284	No	Jeanne	Dunn
CMS-2018-0090-6286	No	Barbara	MacAdam
CMS-2018-0090-6287	No	Robert	Schultheis
CMS-2018-0090-6289	Yes	Will	Lightbourne
CMS-2018-0090-6290	No	Stuart	Biegal
CMS-2018-0090-6291	No	Dwight	Scarborough
CMS-2018-0090-6292			
CMS-2018-0090-6293	No	Marsha	Albertson
CMS-2018-0090-6294			
CMS-2018-0090-6295	No	Charles	Bralish
CMS-2018-0090-6296	No	Rendontor	Dinglassan
CMS-2018-0090-6298	No	Pamela	Stout
CMS-2018-0090-6300	No	John	LaPlante
CMS-2018-0090-6301	No	Lynne	Morand
CMS-2018-0090-6302	No	Sharon	Odom-Gorju
CMS-2018-0090-6303	No	Michael	Taylor
CMS-2018-0090-6304	No	Warren	Hall
CMS-2018-0090-6306	No	Bruce	Cowam
CMS-2018-0090-6307	No	Diane	Bingen
CMS-2018-0090-6308	No	David	Courson

(b)(6)

CMS-2018-0090-6309

CMS-2018-0090-6310

CMS-2018-0090-6311

CMS-2018-0090-6312

CMS-2018-0090-6313

CMS-2018-0090-6314

CMS-2018-0090-6315

Yes

No

No

No

No

No

No

Lorelei

Fernando

Gregory

Ciara

Brandon

Gregory

David

Salas

Hernandez

Schlueter

Long

Bunch

Beals

Murray

(b)(6)

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No

No

No

No

Eugene

Larry

John

Dawn

Sue

Ronald

Jane

Matthew

Russell

Joyce

Justin

K

Marjorie

DePasquale

Lanier

Burns

Pettengil

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Robin

Compton

Leigh

Hill

H

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No

No

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No

No

No

Marie

Thomas

Robert

Glenn

Judy

Lyle

Gordon

Gina

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Zimmerman

Aiello

Vozey

Ramsey

Shipman

Darrow

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CMS-2018-0090-6359	No	Justin	Cerrington
CMS-2018-0090-6360			

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Xavier
Betty

Becerra
Yee

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CMS-2018-0090-6366

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Jeffrey

Downes

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Gary

Gray

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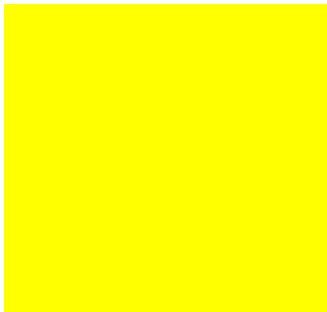
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CMS-2018-0090-6389	No	Alan	Jussila

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CMS-2018-0090-6390

Yes

Lise

Spacapan

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No

Regina

Wakefield

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CMS-2018-0090-6392

No

Tyrise

Davis

CMS-2018-0090-6394

Yes

Daniel

Tsai

CMS-2018-0090-6395

No

Michael

Friedman

CMS-2018-0090-6396

No

Vasilina

Pchelkin

CMS-2018-0090-6398

No

Donna

McLaurin

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No

Alan

Clemmons

CMS-2018-0090-6404

No

Linda

Martin

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CMS-2018-0090-6406

No

Charles

Owens

CMS-2018-0090-6407

No

Debe

Varnell

CMS-2018-0090-6408

No

Homer

Cotton

CMS-2018-0090-6409

No

Brock

Meade

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Joseph

Humphreys

CMS-2018-0090-6411

No

Donna

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CMS-2018-0090-6412

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Fred

Lewis

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CMS-2018-0090-6471	Yes	Ruben	Garcia
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CMS-2018-0090-6671	No
CMS-2018-0090-6673	No
CMS-2018-0090-6674	No

Organization	Form Letter?	Total # Comments/ Signatures	Duplicate?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Impact on Self-Direct Service Models
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-	No	1		1	0	0
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Western Center on Law & Poverty						
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CA Department of Social Services	No	1		0	1	0
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NY Dept of Consumer Affairs	No		0	1	0
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PA Dept of the Auditor

General

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National Women's Law
Center

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National Taxpayers Union

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Policy Committee of the
Washington Association of
Area Agencies on Aging

No	1	0	1	0
No	1	1	0	0

CA Attorney General/CA
State Controller

No	1	1	0	0
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Leadership Council on Civil and Human Rights	No	1	0	1	0
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Texas Public Policy Foundation	No	1	1	0	0
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Office of the Governor	No	1	1	0	0
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MassHealth	No	1	1	0	0
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Goldwater Institute	No	1	1	0	0
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Freedom Foundation	No	1	1	0	0
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Special Considerations (if applicable)	Special Codes: Outside Organization/Individual - 1 Provider Advocacy Group 2 Political- 3 State - 4
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Had union deus involuntarily take
out of her pay check.

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CA believes the prposed rule will
unnecessarily increase
administrative burden and cost for
consumers.

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Help to clean up Congress. These
"perks" by Congress and their large
supporters are simply not fair. They
steal money from those who need it
most

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- the proposed rule undermine the financial and employment security of thousands of home care workers.
- took issue with the lack of analysis concerning the economic significance of the rule
-proposed rule will negatively impact access to services

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Please fix our healthcare, It's bad for America.

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PA Dept of the Auditor General:
Questioned the validity of the \$8 million in the footnote of the notice.

Also noted that PA does not required mandated deductions of union dues

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Iowa State Representative

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MO State Representative

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Washington state has one of the nation's oldest models for participant self-direction --- its origins dating back to the 1980's. We've proven that people with significant levels of disability can select, hire, direct, and, if necessary, dismiss the people who provide the most personal type of care that allows them to stay at home with health and safety. Largely because of its program of self direction, Washington state's long-term care system ranks first nationally in quality, while remaining less costly than in 37 other states. Providing financial intermediary support for those who self-direct has been an essential part of Washington's success. Given the challenges presented by a workforce scattered in tens of thousands of homes throughout the state, since the inception of its consumer directed program Washington state has essentially operated directly as the fiscal intermediary on behalf of client-employers. On the client's behalf Washington directly pays

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- This rule would exceed HHS's authority and intrude upon state sovereignty.

- raises federalism concerns and violates 10 amendment rights

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Skimming should be illegal

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Stop unions from skimming

Medicaid

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Union leaders are skimming funds from caregivers

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Stop union dues skimming immediately	1
Home care workers ability to unionize improves workplace standards and strengthens Medicaid HCBS programs	1 1
Payroll deductions meet the qualifications for third party payments provided in the statute	1
Stop skimming union dues	1
End the practice of directing taxpayer money to special interest groups that don't share Medicaid's goals	1
A union presence is needed to keep balance in the workplace	1
The union has won overtime, sick time, and health benefits for workers	1
Do away with regulations that allow skimming	1
Union allows workers to be heard	1
Stop unions from stealing from workers	1
Obama era regulations give union officials millions of dollars from the Medicaid program	1
The proposed rule could destroy the union and take away a group that fights for workers	1
Stop union bosses' union dues skimming immediately	1
The proposed rule could compromise the political strength of home care workers	1
Stop taking money from those who provide quality of life for seniors	1

Illinois requests that CMS clarify that the rule change applies to Medicaid Waiver Programs and that states may not withhold union fees from provider paychecks. The HSP (Health Services Program) operated successfully for decades before providers had collective bargaining rights.	4
Possible infringement upon first amendment right.	1
Dues payment will be very difficult for people who don't have direct deposit of a bank account	1
MassHealth requests that CMS clarify that the proposed rule wouldn't affect a state's authority to perform or secure Financial Management Services in connection with a state plan-based program	1
Stop union from robbing Medicaid	1
Union has won wage increases for home care workers. The union provides a strong voice for home care workers and their clients.	1
Prevent union "thieves" from taking money from caregivers	1
In 2017 alone, an estimated \$150 million in Medicaid funds was diverted from caregivers to unions	3
Stop unions from forcing dues on people	1
Stop government unions from "robbing" America's caregivers	1
Stop union bosses from stealing hard-earned money from taxpayers	1
Stop this "six figure robbery"	1
Unions bring democracy to the workforce.	1
	1
Government unions "rob" America's caregivers	1
Don't allow unions to take money from Medicaid	1

Don't keep taking money that belongs to Medicaid	1
Stop union from skimming federal dollars from CMS funds	1
Caregivers are being "ripped off"	1
	1
	1
Stop the unions' monetary skimming	1
Stop "robbing" those who help others	1
The elimination of section 42 CFR 447.10(g)(4) would severely undercut the ability of home care workers to maintain health care coverage, prepare for retirement, and support their union.	3
	1
Stop government unions from "robbing" America's caregivers	1
	1
Unions' "skimming" of Medicaid funds leaves very little money and reduces patients' access to needed medical care	1
	1
Stop stealing from the American people	1
An estimated \$99,287,523 was "skimmed" in California for union dues	3
Union bosses' pockets are being "padded"	1
Unions shouldn't receive Medicaid money because they don't provide services to the workers	1
	1
Stop the unions from "skimming" dues and "giving it to the Democratic party"	1
Stop the "skimming" now	1
Stop union dues "skimming"	1
Stop the union dues "skimming"	1
Stop union dues "skimming"	1
	1
Stop the union benefit skimming	1

Dues "skimming" is outright "robbery"	1
	1
Regulations that allow unions to "fleece" workers are unconstitutional and illegal	1
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Stop union "thievery"	1
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Stop unions from "robbing" American caregivers	1
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Stop government unions from robbing America's caregivers	1
Stop the dues "skimming" immediately	1
Put an end to union "thievery" of home care providers	1
Stop government from creating sanctions that take taxpayer money from Medicaid	1
Stop funding unions with taxpayer money	1
Stop union dues skimming so that elderly can receive better care	1
	1
The unions violate Freedom of Association under the U.S. Constitution	1
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Unionized workers will earn about \$10,400 more per year than non- union members	1
End dues "skimming"	1
Home caregivers are trapped in unions	3
Stop "robbing" caregivers	1
Dues take away from disposable income	1
Stop unions from "skimming" off the backs of workers	1
Stop government unions from robbing America's caregivers	1

Union dues "skimming" amounted to \$150 million in 2017	1
Dues should be voluntary	1
Stop the unions from "ripping off" home care workers	1
Unions are creating a financial sacrifice for providers that could reduce the number of providers in the future	3
Union bosses aren't entitled to home caregivers' money	1
"Leftist" union bosses are stealing money from those who take care of the sick and elderly	1
Stop union "skimming" for political gain	1
	1
	1
Stop the forced union dues	1
Stop allowing union leaders to take Medicaid money from home care providers	1
Unions are using 42 CFR 447.10(g)(4) to siphon Medicaid dollars from providers	1
	1
The proposed rule could result in lower wages for workers, reduced benefits, and a decline in working conditions	1
	1
	1
Home care workers need financial protection from the unions	1
"Greedy" unions constantly sap the earnings of those who care for the infirm	1
	1
Union dues are a compulsory political tax	1
Union dues are keeping money away from family members who have great need	1
Unfair to force care providers into unions and dues paying	1

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Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/Province)
CMS-2018-0090-7105	Yes	Silvia	Arroyo	
CMS-2018-0090-7106	Yes	Sonja	Inela	
CMS-2018-0090-7107	Yes	Teton	Landis	
CMS-2018-0090-7108	Yes	Veronica	Cheeg	
CMS-2018-0090-7109	Yes	W	Pitts	
CMS-2018-0090-7110	Yes	Veronica	Harris	
CMS-2018-0090-7111	Yes	Vernon	Green	
CMS-2018-0090-7112	Yes	Tommy	Hartway	
CMS-2018-0090-7113	Yes	Rahcel	Delgado	
CMS-2018-0090-7114	Yes	Ragelia	Cantreas	
CMS-2018-0090-7115	Yes	Natasha	Rankin	
CMS-2018-0090-7116	Yes	Melissa	Weiss	
CMS-2018-0090-7117	Yes	Lupe	Soto	
CMS-2018-0090-7118	Yes	Lessie	Loftou	
CMS-2018-0090-7119	Yes	Karina	Fajardo	
CMS-2018-0090-7120	Yes	Jose	Villedas	
CMS-2018-0090-7121	Yes	Jennifer	Lopez	
CMS-2018-0090-7122	Yes	Individual	54	
CMS-2018-0090-7123	Yes	Individual	53	
CMS-2018-0090-7124	Yes	D	Flaming	
CMS-2018-0090-7125	Yes	Chris	Harris	
CMS-2018-0090-7126	Yes	Art	Moreland	
CMS-2018-0090-7127	Yes	Araceli	Pacheco	
CMS-2018-0090-7128	Yes	Alma	Martinez	
CMS-2018-0090-7129	Yes	Alex	Mix	
CMS-2018-0090-7130	Yes	Farideh	Abyaneli	
CMS-2018-0090-7131	Yes	Guy	Rinfrow	
CMS-2018-0090-7132	Yes	Individual	55	

[illegible]

Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)	Organization
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Form Letter?	Total Comments/Signatures	Duplicate?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Impact on Self-Direct Service Models

**Special Considerations (if
applicable)**

**Special Codes:
Outside
Organization/Individual - 1
Provider Advocacy Group 2
Political- 3**

Final # of Posted Comment (Last 4 digits of the Document ID)	Attachment?	Author First Name	Author Last Name	Location (State/ Province)	Organization
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Form Letter?	Total Comments/Signatures	Duplicate?	In Support (1 = Yes) (0 =No)	In Opposition (1 = Yes) (0 =No)	Summary of Comment (if applicable)

Justification of Comment Being Out of Scope	Special Considerations (if applicable)	Special Codes: Outside Organization/Individual - 1 Provider Advocacy Group 2 Political- 3